RCRAInfo CM&E EVALUATION – VIOLATION FORM

				10 0111	<u>we evae</u>	<u>OAIIOIT</u>			• • • • • • • • • • • • • • • • • • • 	
*EPA ID I	Number		PAD9	87283967	7			Ell	١	
Handler I	Name		MPI R	esearch	Inc.					
Street	3058 F	Researc	h Drive							
City	State 0	College			State	PA		Zip Code	16801	
Actual Go	4004000000000000000000000	Maria Anglish sa sa ka	otified Sta	atus.	LQG ⊠	sqg 🗆	CE	sqg 🗆	Closed	Non-Handler
Universe (Generator				YES [NO ⊠	If YES, comple	te the Un	niverse Change	Section (on re	everse side of this form).
RCRA No	on-Notifie	r?	YE	s 🔲 N	IO 🛛 If YES,	complete the Hai	ndler Sec	ction (on revers	e side of this f	form).
Other Fac	cility Info	rmation	Chang	jes? Y	ES NO	If YES, com				side of this form).
*EVALU	ATION	☒	Add	ଅଧା	pdate [] Delete		rou must pr known as the		aluation Identifier (also Number).
*Evalua Identifi		*Type	* <i>E</i>	valuation (mm/do	Start Date	*Agency		Respon Perso		Suborganization
		FUI		11/19/		S		LSC	;	WM
SNY, and S CSE, FUI,	SNN, otherv and SNY ev	vise it defa valuations, N evaluatio	ults to Ev you mus	ation types valuation Sta t select a p	Zero (mm/dd/ except CDI, CSI art Date. For CD previous CEI Star ire a Day Zero.	i, FÜİ, İ,	27107 16/0	Only app		
		Notes:_	WILL ST							
	BIF [CO	Foo	CFI	☐ INC ☐ UWR ☐ Routine/	Use Only for ition-Specific Fo	Evalua CI PTB	□ РТ	_	btitle C
	CAR [CP(C	DOS	EMR [] IEI 🗆	ISI	☐ R	TI 🗌	
Does this	Evaluati	on Add/	/Update	/Delete	a Violation?	YES 🛛 I	VO 🗌	If Yes, fill of this for		ons Section(s) on page 2
Does this	Evaluati	on link	to a Co	mmitme	nt?	YES 📗 I	vo 🛛			CRAinfo 3007 and Commitments Form.
Does this	Evaluati	on link	to a 300	7 Reque	est?	YES 📗 I	vo 🛛	If Yes, ple	ase use the F	RCRAInfo 3007 and Commitments Form.
OUTSTAN	IDING VI	OLATIO	NS CO	VERED E	BY ABOVE E	VALUATION	? YES [⊒ оо ⊠	If Yes, fill	In Information below.
*Seq. No). *V	iolation '	Type	*Agency		*Regulation (Type + 0 (ex. FR	Citation			*Date Determined (mm/dd/yyyy)

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number** Handler Name PAD987283967 MPI Research Inc. VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) VIOLATION ☐ Add □ Update □ Delete Link to Above Evaluation ⊠ Violation **Determined Date** Return to Compilance (RTC) Actual RTC Date Seq. No Agency Type (mm/dd/yyyy) Qualifier (mm/dd/yyyy) A RTC Qualifier is required if 262.D 08/27/07 S 0 11/19/2007 entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES 🖂 NO If Yes, fill in information below Citation Citation Citation Citation Type Type FR 262.42(a)(2) VIOLATION ☐ Add Update Delete Link to Above Evaluation Violation Determined Date Return to Compliance (RTC) Actual RTC Date Seq. No Agency (mm/dd/yyyy) Type (mm/dd/yyyy) Qualifier A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES NO If Yes, fill in information below Citation Citation Citation Citation Type Type HANDLER SECTION (Fill out if RCRA Non-Notifier) **Handler Name** Contact Street State **Zip Code** City County UNIVERSE CHANGE SECTION (Fill out if Universe Change Required) Indicate the Facility's current Universe(s): i. Indicate the new RCRAInfo Generator Universe: LQG SQG CEG Note: All TSD activity changes must be handled by the IOR and Non-Handler Closed cannot be made using this form. Transporter Non-Transporter If the transporter box is checked, you must check at iii. Indicate the new transporter status: Check non-transporter if the facility is least one mode of transportation below: (Only fill out if the facility requires a currently listed in RCRAInfo as a Air transporter status change) transporter AND no longer transports Water Rail hazardous waste. Other ☐ Highway

^{*}Required Fields

In exercial

RCRAInfo CM&E EVALUATION - VIOLATION FORM

		OATION TIO		
	37283967		EIN	
Handler Name MPI Re	esearch Inc.			
Street 3058 Research Drive				
City State College	State	PA	Zip Code 1	6801
Actual Generator Status Check only if different from Notified Sta	tus. LQG 🖾	SQG CE	sQG ☐ Clo	sed Non-Handler
Universe Change Required? (Generator Status Change Required)	YES NO 🛛	If YES, complete the Un	iverse Change Section	on (on reverse side of this form).
RCRA Non-Notifier? YES	······································	complete the Handler Sec		
Other Facility Information Change	es? YES NO			reverse side of this form).
*EVALUATION 🛛 Add	☐ Update [ou must provide nown as the Seq	an Evaluation Identifier (also uence Number).
*Evaluation *Type *Ev	valuation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
FUI	08/27/2007	S	LSC	WM
You need to specify Day Zero for all evalua SNY, and SNN, otherwise it defaults to Eva CSE, FUI, and SNY evaluations, you must for the Day Zero. SNN evaluation type doe	uluation Start Date. For CD select a previous CEI Star	É, FÚÍ, DI, 8/27/07	Reclassified Only applicable evaluation type appropriate.	for SNY
Notes:				
Citizen Complaint Focu	Multimedia Insperused Coverage Areas (Regula CFI INC DUNCE UOI UWR	(Use Only for Evaluate ation-Specific FCI PTB PTB OTHER (specific Standardized FCI	tion Type FCI) PTX [(y):	
Does this Evaluation Add/Update/	Delete a Violation?	YES NO	If Yes, fill in the	Violations Section(s) on page 2
Does this Evaluation link to a Con	nmitment?	YES NO	If Yes, please us	e the RCRAInfo 3007
Does this Evaluation link to a 300		YES NO	If Yes, please us	plests and Commitments Form. se the RCRAInfo 3007 puests and Commitments Form.
	EDEN NV ABOVE E	VALUATIONS VEG		es, fill in information below.
OUTSTANDING VIOLATIONS COV	EHED BY ABOVE E	VALUATION! YES		
	Agency	*Regulation Citation (Type + Citation, (ex. FR 262.1)	on	*Date Determined (mm/dd/yyyy)

^{*}Required Fields

EPA ID Num	ber			Ha	ndler N		Civia	E Evaluation	i-violation	roiiii, Pag
PAD9872839	967			MF	PI Rese	arch Inc.	200000000000000000000000000000000000000		<u></u>	<u></u>
(Additiona	l Violations	can be added	VIOLA Vupdated/dele	TIONS ted usl			o CM	SE Addition	aj Violatior	ıs Form)
VIOLATION	⊠ Add	☐ Update	☐ Delete					Link to Abo	ve Evalua	tion 🛛
Seq. No	Violation Type	Agency	Determined (mm/dd/yy		Re	Qı	ualifier			RTC Date
	262.D	S	08/27/07	7				required if I RTC Date.		
Notes:										
LINK CITATION	ONS TO AE	OVE VIOLAT	ION?	YES 🔯	NO			lf Yes, fill in	informatic	n below
Citation Type		Citation			Citatio Type			Citatio	on .	
FR		262.42(a)(2	2)	$-\ \ $				790 000		
VIOLATION	☐ Add	☐ Update	☐ Delete			*		Link to Abo	ve Evalua	tion []
Seq. No	Violation Type	Agency	Determined (mm/dd/yy		Re	Q u A RTC Qu	ıalifier ıalifier is	nce (RTC) required if I RTC Date.		RTC Date d/yyyy)
Notes:										
LINK CITATIO	ONS TO AB	OVE VIOLATI	ON? Y	ÆS 🗌	NO			If Yes, fill in	informatio	n below
Citation Type		Citation			Citatio Type			Citatio	rn .	***************************************
		YANDI	ER SECTION				Viestiais.			
Handler Name	gg ya	HANDL	ER SECTION	(FIII OL		na Non-i	VOLITIE	7)		
Street							L			
City				State			400	Zip Code		-
County										
	UN	IVERSE CHA	NGE SECTION	l (<i>FIII o</i> l	ut if Un	iverse Cl	hange	Required)		
i. Indicate th	e Facility's c	urrent Univers	e(s):			-				
ii. Indicate the Note: All TSD act cannot be made u	tivity changes r	linfo Generator must be handled b			Non-	LQG Handler		SQG Closed		
			7	Franspo	rter 🔲			Non-T	ransporter	
iii. Indicate th (Only fill out if th transporter statu	e facility requ		If the transporter least one mode o Air Rail Highway		<i>rtation be</i> iter		ck at	transporter Al	ted in RCRA	Info as a r transports

^{*}Required Fields

In RURATIAN

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID N	Numb	er 🔨	P	AD987	7283967	<u> </u>			EIN	. 01	
Handler N	Name		M	IPI Re	search Ir	nc.				OI	
Street	305	8 Rese	earch [Drive							
City	Stat	te Colle	ege	$\overline{}$		State	PA		Zip Code	16801	
Actual Ge Check only	if diffe	erent fro	m Notifi		us.	LQG ⊠	sog □	CE	sqg 🗆	Closed	Non-Handler
Universe (Generator					YES 🗌	NO 🛛	If YES, com	olete the Un	iverse Change S	section (on reve	erse side of this form).
RCRA No			G I loga.	YES	D NO	If YES, o	complete the	Handler Sec	ction (on reverse	side of this for	n).
Other Fac	ility I	nforma	ition C	hange	s? YES	NO NO	If YES, o	omplete the	Handler Section	(on reverse si	de of this form).
*EVALUA	ATIO	N	⊠ Ac	dd	☐ Obg	late [Delete		ou must prov		ation Identifier (also ımber).
*Evaluati		*Тур	æ	*Eva	aluation S (mm/dd/y		*Agend		Responsi Person	ble	Suborganization
		CE			08/06/20		S		LSC		WM
SNY, and S CSE, FUI, a	SNN, ot and SN	herwise i Y evalua	it defaults Itions, you	s to Evalu u must s	ion types ex luation Start select a prev	ero (mm/dd/ cept CDI, CSE Date. For CDI vious CEI Start a Day Zero.	, FUİ,):
		No	tes:					\			
	BIF THI		CCI UIC CPC	Focus	☐ Multir	Regulati INC UWR Routine/S	Use Only fion-Specific LDR OTH	Sem or Evaluat FCI PTB ER (specif	pling Type FCI) PTX Type:		tle C
		200 200 SQ240	dixxxxxxx			37.57.65 722 727 729					Section(s) on page 2
Does this			gelien klesenk . Zoen				YES 📙	NO 🗵	of this form.	X	
Does this	Evalu	lation (ink to	a Com	mitment?	?	YES 🗌	№ 🛛	Information		Commitments Form.
Does this	Evalu	ation l	ink to a	a 3007	Request	?	YES 🗌	NO 🛛		e use the RCF Requests and	RAInfo 3007 Commitments Form.
OUTSTAN	DING	VIOLA	ITIONS	COVE	ERED BY	ABOVE E	/ALUATIC	N? YES] NO ⊠	lf Yes, fill in	information below.
*Seq. No.	, , _[*Violat	tion Typ	xe */	Agency		(Туре	tion Citati + Citation FR 262.1)		-	ete Determined (mm/dd/yyyy)
			11.00								

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number Handler Name** PAD987283967 MPI Research Inc. VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) VIOLATION Link to Above Evaluation 🛛 ☐ Add Update Delete Determined Date Actual RTC Date Violation Return to Compliance (RTC) Seq. No Agency (mm/dd/yyyy) (mm/dd/yyyy) Qualifier Type A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES NO If Yes, fill in information below Citation Citation Citation Citation Type Type VIOLATION □ Update Delete Link to Above Evaluation Actual RTC Date Return to Compilance (RTC) Violation Determined Date Seq. No Agency Quaiifier (mm/dd/yyyy) (mm/dd/yyyy) Type A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? If Yes, fill in information below NO YES ! Citation Citation Citation Citation Type Type HANDLER SECTION (Fill out if RCRA Non-Notifier) **Handler Name** Contact Street City State Zip Code County UNIVERSE CHANGE SECTION (Fill out if Universe Change Required) Indicate the Facility's current Universe(s): i. Indicate the new RCRAInfo Generator Universe: SQG CEG LQG Note: All TSD activity changes must be handled by the IOR and П Closed Non-Handler cannot be made using this form. Transporter Non-Transporter If the transporter box is checked, you must check at iii. Indicate the new transporter status: Check non-transporter if the facility is least one mode of transportation below: (Only fill out if the facility requires a currently listed in RCRAInfo as a Air transporter status change) transporter AND no longer transports ☐ Water Rail hazardous waste.

☐ Other

☐ Highway

^{*}Required Fields

Parseylvania Department of Emironmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

			. 1 • ()	o Violation Observed 2-Not Applicable 3-Not Determined	4.7701.	Compliance
	St	atus	:	REQUIREMENT		Charic
1	2	3	4	REQUIREMENT	.*	40 CF Part 2
		L		Generators		
		X		Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1
1	_	Χ		Notification and certification sent with shipments of wastes meeting treatment stand	dards.	7(2)(2)
1		X		Dilution not used as a substitute for treatment.		3
		X		Records maintained of notifications, certifications, waste analysis, and document supporting use of knowledge for waste classification.	ntation	7(a)(5),(a)
L	Ŀ			itorage Facilities		
	1	X	F	acility verifies generators classification of waste in accordence with waste analysis p	, nak	25 Pa Cod 265.13(c)
	X		C	ontainers marked to identify contents and accumulation date.		50(a)(2)
	X	Ĺ	No	otification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
	X		No	tification and certification sent with shipments of wastes meeting treatment standar	rds.	7(a)(2)
	X		Fac	cility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
			Tre	atment Facilities, including PBR and RRR Facilities		٠.
1	X		Oilu	tion not used as a substitute for treatment.		3
	X		Fac	lity tests wastes or treatment residues to determine compliance with applical ment standards in accordance with waste analysis plan.	ble	7(6)
	x	1	Cert	fication and/or notification sent with shipments of waste.	7(0	0)(4), (0)(5), (0)(6)
		L	and	Disposal Facilities		
X	1	F	acili	ry tasts wastes received to assure compliance with applicable treatment standards	i.	7(c)(2)
۶		F	cilit	y land disposes of restricted waste only if it meets applicable treatment standard.		40
4		Fa	callt)	retains copies of generator notifications and certifications.	7	7(c)(1)

2500-FM-BWM0276 6/2005

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

EFACTS	, 1	٠	1666	177)
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nspection Date	
Time Start _	
Time Finish	

HAZARDOUS WASTE INSPECTION REPORT ☑ GENERATOR ☐ S Q GENERATOR

Cc	omnany nama MPI Paga	arah Ina			
		arch Inc.		an (CIAI)	
		283967 Er	•	,	
	_	ch Drive, State College, PA Municipality Ferd			·
		Confer, Solid Waste Specialist; le Official <u>Raylene Kreiser</u>	Jim Greene, Solid	waste Supervisor	
			т	olophono (914) 93:	
		e Kreiser			1-8032
		t from above) ste Generated per Month: <u>~2183</u>			Vaa
	Site Characterization		PU	uilds	
••			mont Plda 🏻 Driv	Dod Other	
		tainer ☐ Tanks ☐ Containr tralization/WWTP ☐ Reclaim			
		_		Other Containment Bldg.	☐ Drip Bod
2.		Large Quantity Handler		•	
L.		ypes Fluorescent Lamps	Small Quantity H	anulei	
3.	Hazardous Waste Tra				<u> </u>
J .		Republic Env. Sys	1:	oonso Number BA A	⊔ 0217
		Hepublic Lity. 3ys			
L		aste generated and destinatio			
••	Typos or Huzuruous t	Tuote generated and decimation		ii a type).	
	Waste Code	Waste Descripti	on	Destination	Facility
	D001,D002, F002	Waste flammable liquids, corro HCl)	sive (methanol,	Republic Env Sys (F Hatfield, PA	PA) Inc
	F002, F003, F005, D008, D009	Hazardous waste solid (methyle lead, mercury)	ene chloride,		
	D001	Waste flammable liquid (metha	nol, acetonitrile)		
	D001, D002, D009, F002, F003, F005	Waste flammable corrosive, liq methylene chloride)	uids (HCI,		
	D001, F003, F005	Waste flammable liquids (tolue	ne, acetone)		
	D002, D007	Waste corrosive liquid, toxic, in	organic		
	D001	Waste potassium chloride			
	D002	Waste corrosive liquid bask org	anic		
		Toxic liquids organic	<u> </u>		
	D001	Waste flammable solids organic	•		
	D089	RQ Waste mercury			



INSPECTION REPORT COMMENTS

Date of Inspection 11/19/07		Identification Number	PAD9872	283967
Company/Facility/Site Name	MPI Research Inc			
· · · · · · · · · · · · · · · · · · ·				
Comments:				
The Department has received copy. This corrects the violation		or manifest number 000302	2249FLE th	at had no returned
		•		
				•
This inspection report is notice of the findings observed during the inspection. Additional not review of laboratory analyses or Department rec	ification of violations may be issued	presentative of the Department. Thi concerning either violations noted her	s report is formate rein, or other vice	al notification of any violations lations identified as a result of
This report does not constitute an order or othe action for any violation noted herein.				
Signature by the persons interviewed does not report or that a copy was left with the person.	t necessarily imply concurrence with	the findings on this report, but does	acknowledge ti	nat the person was shown the
	· · · · · · · · · · · · · · · · · · ·			
Person Interviewed MAIC	TO MPIRES (Signature)	EARCH	Date	
	, ,			
			Doto	11/19/07
Inspector			_ Date	11/01
	(Signature)			

RCRAInfo CM&E EVALUATION -- VIOLATION FORM

*EPA ID	Number	PAD987283967			EIN	
Handler	Name	MPI Research Inc				
Street	3058 Researc	ch Drive				
City	State College		State	PA	Zip Code	16801
	enerator Status y if different from N	otified Status.	QG ⊠	SQG □ CE	sag 🗆	Closed Non-Handler
	Change Require r Status Change Re		№ 🛛	If YES, complete the Ur	niverse Change S	ection (on reverse side of this form).
	on-Notifier?			complete the Handler Sec		
Other Fa	cility Information	n Changes? YES	NO			(on reverse side of this form).
*EVALU	ATION 🖂	Add 🔲 Upda	te [ide an Evaluation Identifier (also lequence Number).
*Evalua Identif		*Evaluation Sta (mm/dd/yy)		*Agency	Responsit Person	Suborganization
	CEI	08/06/200		S	LSC	WM
SNY, and CSE, FUI,	SNN, otherwise it defa and SNY evaluations	or all evaluation types exce aults to Evaluation Start Da , you must select a previo	ate. For CDI us CEI Start	F, FUI,	Reclassi Only applica evaluation ty appropriate.	
for the Day	y Zero. SNN evaluatio Notes:	on type does not require a	Day Zero.			
		Fyaluatio	on Indicate	or Field (Check all tha	t annly)	
	☐ Citizen Comp		edia Inspec		pling	Not Subtitle C
		Focused Covera		Use Only for Evalua tion-Specific FCI	don Type FCI)	·
	BIF C		INC [LDR PTB		
	THI 🗌 UI	c 🗆 uoi 🗖	UWR] OTHER (specification of the standardized FCI	y):	
	CAR CP	c 🗆 dos 🗆	EMR		RTI	
Does this	Evaluation Add	/Update/Delete a Vid	olation?	YES NO	If Yes, fill in of this form.	the Violations Section(s) on page 2
Does this	Evaluation link	to a Commitment?		YES NO		use the RCRAInfo 3007 Requests and Commitments Form.
Does this	Evaluation link	to a 3007 Request?		YES NO	If Yes, please	use the RCRAInfo 3007 Requests and Commitments Form.
OUTSTAN	IDING VIOLATIO	NS COVERED BY A	BOVE E	VALUATION? YES] NO 🛛 /	f Yes, fill in information below.
*Seq. No	o. *Violation	Type *Agency		*Regulation Citati (Type + Citation (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2

EPA ID Num	ber				Handler Name							
PAD9872839	67				MF	PI Resear	ch Inc.					
(Additional	Violations	can be adde				SECTION Ing the R		to CN	I&E Additions	ıl Violation	is Form)	
VIOLATION	☐ Add	☐ Update	☐ Del	ete					Link to Abo	ve Evalua	tion 🛚	
Seq. No Notes:	Violation Type	Agency	Determined Date (mm/dd/yyyy)			A Return to Complia Qualifie A RTC Qualifier entering an Actu			er (mm/dd/yyyy) is required if			
LINK CITATION	ONS TO AB	OVE VIOLAT	ION?	YES	3	NO [If Yes, fill in	informatio	n below	
Citation Type		Citation			7	Citation Type			Citatio	חי		
VIOLATION	☐ Add	☐ Update	☐ Del	ete				****	Link to Abo	ve Evaluat	tion 🔲	
Seq. No Notes:	Violation Type	Agency		nined Dat dd/yyyy)	e	[Q A RTC Q	ualifie ualifier	ance (RTC) r is required if al RTC Date.		RTC Date d/yyyy)	
LINK CITATIO	ONS TO ABO	OVE VIOLATI	ION?	YES		NO [If Yes, fill in	informatio	n below	
Citation Type		Citation				Citation Type			Citatio	n		
		HANDL	ER SECT	ION <i>(Fi</i>	ll ou	ıt if RCR	A Non-	Notifi	ier)			
Handler Name	•				T	Cont						
Street												
City				S	tate				Zip Code	<u></u>		
County		V-505 014	NOE OF O	TION! / F		16 / /		\ _	- 5			
i. Indicate the	<u> Propositión Prós.</u>	VERSE CHA urrent Univers		HON (F	III O	ut IT UNIN	erse C	nang	e Hequirea)	<u>, i , i i i i i i i i i i i i i i i i i</u>		
	e new RCRAi	Info Generator	r Universe:			Non-H	LQG andler		SQG Closed	CEG		
iii. Indicate the (Only fill out if th transporter statu	e facility requ		If the trans, least one n Air Rail Highw	porter box node of tra		ecked, you rtation belo ater		eck at	Check non-tra currently list transporter AN	ted in RCRA	ne facility is Info as a transports	

^{*}Required Fields

Pennsylvania Department of Emironmental Resources Bureau of Wasie Menagement

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

_			1-1	to Violation Observed 2-Not Applicable 3-Not Determined	4-Non	-Compliance
	St	alus	\$	REQUIREMENT		Ctatio 40 CF
1	2	3	4			Part 2
		L		Generators		
X		L		Notification sent with shipments of wastes that do not meet treatment stand	lards.	7(a)(1)
x.				Notification and certification sent with shipments of wastes meeting treatmen	nt standards.	7(a)(2)
4				Dilution not used as a substitute for treatment.		3
1				Records maintained of notifications, certifications, waste analysis, and do supporting use of knowledge for waste classification.	xumentation	7(a)(5), (a)
	1.		5	Storage Facilities		
Į.	X.		F	acility verifies generators classification of waste in accordence with waste and	alysis plan	25 Pa Code 265.13(c)
×			C	ontainers marked to identify contents and accumulation date.		50(a)(2)
. *	1.	Ī	N	otification sent with shipments of wastes that do not meet treatment standard	ds.	7(a)(1)
X			No	Diffication and certification sent with shipments of wastes meeting treatment s	tandards.	7(a)(2)
X			Fa	cility maintains records of documents produced pursuant to LDR requiremen	ts.	7(a)(6)
			Tre	atment Facilities, Including PBR and RRR Facilities		
X			Dilu	tion not used as a substitute for treatment.		3
X			Fac trea	ility tests wastes or treatment residues to determine compliance with a timent standards in accordance with waste analysis plan.	pplicable	7(0)
X			Cen	fication and/or notification sent with shipments of waste.	7((b)(4), (b)(5), (b)(6)
		ĺ	Land	d Disposal Facilities		
	ĺ	T	Facil	ty tests wastes received to assure compliance with applicable treatment star	ndards.	7(c)(2)
	$\int_{-\infty}^{\infty}$	F	acili	ry land disposes of restricted waste only if it meets applicable treatment stand	laid.	40
	T	F	acit	retains copies of generator notifications and certifications.		7(c)(1)



D089

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

SC EFACTS! 1642161	(
EFACTS! 16412161	

Ins	spection Date	8/6/07
	Time Start _	
d	Time Finish _	

HAZARDOUS WASTE INSPECTION REPORT

FIELD

		GENERATOR	∐ SQGE	ENERATOR	FILE
		arch Inc.			
EF	A I.D. Number PAD987	283967	Employer I.D. Numb	oer (EIN)	
		ch Drive, State College, PA			
Со	unty Centre	Municipality Fe	erguson Twp.	Zip <u>16801</u>	
Na	me of Inspector Schane	Confer, Solid Waste Specialis	t		
	•	ole Official Raylene Kreiser,			
		lwards			-8032
		t from above)			
		ste Generated per Month: ~218	<u>13</u> Po	unds	Kgs
1.	Site Characterization				
		tainer Tanks Conta			
		tralization/WWTP Reclai			
_				Containment Bldg.	☐ Drip Pad
2.		Large Quantity Handler			
_		ypes Fluorescent Lamps		, ., .,	
3.				Name of DADO	2224224
		Republic Env. Sys			
	•				
4.		vaste generated and destinat			
••	Types or management		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[
	Waste Code	Waste Descrip	otion	Destination F	Facility
	D001,D002, F002	Waste flammable liquids, cor HCI)	rosive (methanol,	Republic Env Sys (P. Hatfield, PA	A) Inc
	F002, F003, F005, D008, D009	Hazardous waste solid (meth lead, mercury)	ylene chloride,		
	D001	Waste flammable liquid (met	hanol, acetonitrile)		
	D001, D002, D009, F002, F003, F005	Waste flammable corrosive, methylene chloride)	liquids (HCl,		
	D001, F003, F005	Waste flammable liquids (tolu	uene, acetone)		
	D002, D007	Waste corrosive liquid, toxic,	inorganic		
	D001	Waste potassium chloride			
	D002	Waste corrosive liquid bask of	organic		
		Toxic liquids organic			
	D001	Waste flammable solids orga	nic		
					

RQ Waste mercury

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name MPI Research Inc.	ID Numbe	r PAD987283967	Date <u>8/6/07</u>
1 - No Violation Observed	2 - Not Applicable	3 - Not Determined	4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
		X		Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X		-	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
x				Exception reporting procedures followed	262a.42	262.42	H016
X		1		Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
x				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
×		1		Source reduction strategy prepared and available (LQG only)	262a.100		H020
x	1	\top	1	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/6/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1 2 3 4		REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.	
			CONTAINERS (Subchapter I)			
X			Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X			Containers of hazardous waste in good condition	265a.1	265.171	H026
X			Containers and stored waste compatible	265a.1	265.172	H027
X			Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X			Containers managed to prevent leaks	265a.1	265.173(b)	H029
X			Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X			Container storage areas inspected at least weekly	265a.1	265.174	H031
X			Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X			Proper containment and collection systems in place	265a.179		H033
ĸ			Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
'			Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
(Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
(Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



INSPECTION REPORT COMMENTS

Date of Inspection	8/6/07		_ Identification Number	PAD987	283967
Company/Facility/Sit	te Name	MPI Research inc			
Comments:					
MPI Research In pharmaceutical indust waste is placed into a storage area, where it Areas visited dur. 90 day storage Miroc lab During the insper waste storage. All corn In each of the lat containers for the various contents of the containers are the The facility stores cardboard tube. The tamps. During the manifemanifest and the manifest and the manifest and the manifest any waste shipped pressing personal busing will follow up with Ms. I undetermined in relations.	rlene Kreiser ic., formerly ry. In the proglass jug and is then placering the inspector of the program of the p	represented the facility Exygen Research Inc., ocess of testing hazard d stored in a cabinet une into one of several 55 ection: day storage area was veral belief properly. The vent hood. In the vent reams. Containers are then place and to the storage area vipos in both buildings 1 are operly labeled and dated was noted that manifest copy had ink markings as offered for shipment. In look into the manifest was tter.	is a laboratory that does tes ous waste is generated. At itil the end of the day. The	sting prima the work s waste is tr tories (1 st , storage ar ners being July 9, 20 are glass h zardous V sport to the ective styr stored in a ess of swii have a ret arkings ap believed th ler of the i ty. Theref Line item	arly for the stations hazardous ansported to the 90 2 nd 3 rd floors) eas gused for hazardous 207. hazardous waste Vaste" and the e 90 storage area. rofoam. a large, lidded tching to green tipped curn signature on the opeared to be place the manifest did not inspection due to ore the Department H006 was marked
	Additional notific	ation of violations may be issued	epresentative of the Department. This concerning either violations noted here		
This report does not constitute a action for any violation noted here		ppealable action of the Departme	ent. Nothing contained herein shall be	deemed to gra	ant or imply immunity from legal
Signature by the persons intervience or that a copy was left with		ecessarily imply concurrence with	the findings on this report, but does	acknowledge	that the person was shown the
Person Interviewed				Date	8/407
		(Signature)			
nspector	/r	-		Date	8/6/07
		(Signature)			, ,

Printed on Recycled Paper

Р	lease	orint or type. (Form designe	ed for use on e	elite (12-pitch) typew	riter.)						For	m Approve	d. OMB N	o. 2050-003
Γ	A UN	IFORM HAZARDOUS 1.	Generator ID N	lumber		2. Page 1 of		ency Respons		4. Manifest	Tracking N	lumber	40	L-; L-
		WASTE MANIFEST	4.0 %	87283	967	1		800)56				<u>uzz</u>	49	FLE
	5. 0	Generator's Name and Mailing A	Address (X)	GEN PESEAF	SCH INC		Generator	's Site Address	(if different th	nan mailing addre	ss)			
1	П	3058 RESEARCH	4 DRIVE											
		STATE COLLEGE	PA 16	801										
1	Ger	erator's Phone: 814	231-80	32										
	6. T	ransporter 1 Company Name								U.S. EPA ID	Number			
		REPUBLIC ENV	SYS (T	PANS GROUP	'}							2.8	6 1 3	8 1
	7. T	ansporter 2 Company Name								U.S. EPA ID I	Number			
	8. D	esignated Facility Name and Si	ite Address	REPUBLIC	ENV SYS (PA), II	¥.,.			U.S. EPA ID I	Number			
П	1	2869 SANDSTON	E DRIV	Ē						PA	0 0 8	5 6	905	5 7
П		HATFIELD PA 1	9440											
П	Faci	lity's Phone: 215	822-89	95										
П	9a.	9b. U.S. DOT Description (i		r Shipping Name, Haza	rd Class, ID Number,			10. Contai	ners	11. Total	12. Unit	12	. Waste Co	4
П	НМ	and Packing Group (if any)))					No.	Туре	Quantity	Wt.∕Vol.	13	. waste co	ues
۵	X	WASTE FLAMMABLE	E LIGHTE	S. CORPOSIV	E. N.O.S			\ /		1/		0001	2000	J-000
Ę		3 (B) 13#2924, 1	PGIII, (M	IVDROCHLORIC	ACID,	MK	- 11	\sim	0 M		P		 	+
2		METHYLENE CHLOR	RIDE). (6991)*		MY		<u>/ </u>		1300	ĺ	F002	F003	F005
GENERATOR		2.												1
۳	1						- 1						 	+
П	L													
П		3.												
													 	+
П	1	4.												
													 	
	14.0		- A										L	
	14. 5	pecial Handling Instructions and	d Additional Into	ormation										
1	1	1061708												
1		•												
	15	CENEDATORIS/OFFEDORIS	CEDTIFICATIO	M. Ibaaba dadaa Ab	at the contents of this		- fully and		مرداء المعالية	h th. a. a.a. a. a. b. i.			:Cd	
		GENERATOR'S/OFFEROR'S (marked and labeled/placarded,												
١		Exporter, I certify that the conte								1				·
1		certify that the waste minimiza ator's/Offeror's Printed/Typed N	Slama	· •	2.27(a) (if I am a large	quantity genera Signa		ir I am a smai	quantity gen	grator) is true.	-	Mo	nth Day	/ Year
	X	Kalene IV	1KV	el Sev		1		M	VIL	NV	1	n	2104	rear
*	16. Int	ernational Shipments				<u> </u>	1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	<u>'</u>	r	*			
Ē	l		Import to	o U.S.		Export from U.S	S.	Port of entr						
	_	porter signature (for exports on insporter Acknowledgment of Re		als				Date leavin	g U.S.:					
띩		orter 1 Printed/Typed Name	ocopt or mater			Signat	ture		J. Jaker			Mor	nth Day	Year
2	1	Brian Dury	Cin			يمر ا	2.	1200	A SPECIAL SECTION OF THE SECTION OF				2/06	5 <i>"></i>
TR ANSPORTER	Transp	orter 2 Printed/Typed Name				Signa	ture					Moi		
2												1	- 1	1
A	18. Dis	crepancy												
П	18a. D	screpancy Indication Space		· .			Π.						7	
		*	Quanti	ity	L Type		السا	Residue		Partial Reje	ction	Ŀ	Full Rej	ection
П							Manif	est Reference i	Number					
<u>-</u>	18b. Al	ternate Facility (or Generator)		****			ividiilli	out training l	TUITIDEI,	U.S. EPA ID Nu	ımber			
딋		., .												
죍	Facility	s Phone:								1				
<u>a</u> l		gnature of Alternate Facility (or	Generator)									Мо	nth Day	/ Year
NAIED		, ,	,									1		
5	19. Ha:	ardous Waste Report Manager	ment Method C	odes (i.e., codes for he	zardous waste treatm	ent, disposal ar	nd recyclin	ia systems)						
	1.	Table in the second second		2.		3.		g of otoma)	***********	4.	*****			
]		`H14]								1		•		
	20. Des	ignated Facility Owner or Oper	rator: Certification	on of receipt of hazardo	ous materials covered	by the manifest	except as	noted in Item	18a					
L		Typed Name				Signat						Mor	ith Day	Year
1						1			i din			4	1	1

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	PAD987283967			EIN	
Handler Name	MPI Research Inc.			- Laurence Control	
Street 3058 Researc	h Drive				
City State College		State	PA	Zip Code 16	6801
Actual Generator Status Check only if different from No.	tified Status.	ıG ⊠	SQG ☐ CE	SQG ☐ Clos	ed Non-Handler
Universe Change Require (Generator Status Change Re		NO 🛛	If YES, complete the Un	iverse Change Section	n (on reverse side of this form).
RCRA Non-Notifier?	YES NO	If YES,	complete the Handler Sec	tion (on reverse side o	of this form).
Other Facility Information	Changes? YES	ON			reverse side of this form).
*EVALUATION 🛛	Add Updat	e [ou must provide a nown as the Sequ	an Evaluation Identifier (also lence Number).
*Evaluation *Type	*Evaluation Start (mm/dd/yyy)		*Agency	Responsible Person	Suborganization
FUI	08/27/2007		S	LSC	WM
You need to specify Day Zero for SNY, and SNN, otherwise it defa CSE, FUI, and SNY evaluations, for the Day Zero. SNN evaluation	ults to Evaluation Start Dat you must select a previou	e. For CD s CEI Star	i, <u>8</u> / 27/07	Reclassified Only applicable for evaluation type a appropriate.	or SNY
Notes:			or Field (Check all that		
☐ Citizen Compl		e Areas (ction		ot Subtitle C
BIF CC		INC [JWR [Routine/s] LDR □ PTB] OTHER (specify Standardized FCI	□ PTX □ y):	
CAR CPC	DOS 🗆	EMR [] IEI 🗌 ISI	RTI 🗆	
Does this Evaluation Add/	Update/Delete a Viol	ation?	YES NO	If Yes, fill in the V	lolations Section(s) on page 2
Does this Evaluation link t	o a Commitment?		YES ☐ NO 🏻		the RCRAinfo 3007 tests and Commitments Form.
Does this Evaluation link t	o a 3007 Request?		YES NO	If Yes, please use	the RCRAInfo 3007 ests and Commitments Form.
OUTSTANDING VIOLATIO	NS COVERED BY A	BOVE E	VALUATION? YES	No 🛛 If Yes	s, fill in information below.
*Seq. No. *Violation 1	ype *Agency		*Regulation Citation (Type + Citation) (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number Handler Name** PAD987283967 MPI Research Inc. **VIOLATIONS SECTION** (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) **VIOLATION ⊠** Add ☐ Update ☐ Delete Link to Above Evaluation Violation **Determined Date** Return to Compliance (RTC) Actual RTC Date Sea. No Agency Type Qualifier (mm/dd/yyyy) (mm/dd/yyyy) A RTC Qualifier is required if 262.D S 08/27/07 entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES 🖾 If Yes. fill in Information below NO Citation Citation Citation Citation Type Type FR 262.42(a)(2) ☐ Add VIOLATION Update □ Delete Link to Above Evaluation Violation **Determined Date** Return to Compliance (RTC) Actual RTC Date Seq. No Agency Qualifler Type (mm/dd/yyyy) (mm/dd/yyyy) A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES [NO if Yes, fill in information below Citation Citation Citation Citation Туре Type HANDLER SECTION (FIII out if RCRA Non-Notifier) **Handler Name** Contact Street **Zip Code** City State County UNIVERSE CHANGE SECTION (Fill out if Universe Change Required) Indicate the Facility's current Universe(s): ii. Indicate the new RCRAInfo Generator Universe: LQG SQG CEG Note: All TSD activity changes must be handled by the IOR and Non-Handler П Closed cannot be made using this form. Non-Transporter Transporter If the transporter box is checked, you must check at iii. Indicate the new transporter status: Check non-transporter if the facility is least one mode of transportation below: (Only fill out if the facility requires a currently listed in RCRAInfo as a □ Air transporter status change) transporter AND no longer transports ☐ Water ☐ Rail hazardous waste. ☐ Other

Highway

^{*}Required Fields

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID	Numbex	PAD987283967	LVAL		EIN	7			
	Handler Name MPI Research Inc.								
Street	3058 Resear		··						
- 122 -,	 		State	PA	Zip Code	16801			
City Actual G	State College enerator Status								
Check only	if different from l	Notified Status.	QG 🛛	SQG ☐ CE	gog □	Closed	Non-Handler		
	Change Requi Status Change F		NO 🛛	If YES, complete the Ur	niverse Change S	ection (on reve	erse side of this form).		
	n-Notifier?	YES NO		complete the Handler Sec					
Other Facility Information Changes? YES NO If YES, complete the Handler Section (on reverse side of this form).									
*EVALU	ATION $oxtime \Sigma$] Add 🔲 Upda	ite [You must provi known as the S		ation Identifier (also mber).		
*Evaluati Identifie	"Type	*Evaluation Star (mm/dd/yyy	\	*Agency	Responsibl Person	le	Suborganization		
	CEI	08/06/2007		s	LSC		WM		
SNY, and Si CSE, FUI, a	NN, otherwise it defa nd SNY evaluations Zero. SNN evaluatio	or all evaluation types excep aults to Evaluation Start Dai , you must select a previou on type does not require a E	te. For ¢DI, is CEI \$tart	FUI,	Reclassifi Only applicab evaluation typ appropriate.				
	Notes:		/						
		Evaluation Indiça	tor Field (Check all that apply)					
☐ Citiz	en Complaint	☐ Multimedia Insp	ection	☐ Sampling	☐ Not Su	ubtitle C			
	CC	CFI INC [ntion-Specia LDR DT Standardiz	fic FCI PTB HER (specify):	PTX RTI				
Does this	Evaluation Add	d/Update/Delete a Vid	olation?	YES NO	If Yes, fill in a	the Violations	Section(s) on page 2		
		to a Commitment?		YES NO 🛛	If Yes, please	e use the RCR			
						Requests and use the RCR	Commitments Form. Ainfo 3007		
	/	to a 3007 Request?		YES NO 🛛	Information I	Requests and	Commitments Form.		
DUISTAN	DING VIOLATIO	ONS COVERED BY A	ROVEE		1.000	t Yes, till in i	nformation below.		
*Seq. No.	*Violation	Type *Agency		*Regulation Citati (Type + Citation (ex. FR 262.1)			ate Determined mm/dd/yyyy)		

^{*}Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number Handler Name** PAD987283967 MPI Research Inc. **VIOLATIONS SECTION** (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) **VIOLATION** ☐ Add Update ☐ Delete Link to Above Evaluation Violation Determined Date Return to Compliance (RTC) Actual RTC Date Seq. No Agency (mm/dd/yyyy) Qualifier Type (mm/dd/yyyy) A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? If Yes, fill in information below YES NO Citation Citation Citation Citation Type Type Link to Above Evaluation □ **VIOLATION** ☐ Add Update ☐ Delete Actual RTC Date Violation **Determined Date** Return to Compliance (RTC) Seq. No Agency (mm/dd/yyyy) (mm/dd/yyyy) Qualifier Type A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? If Yes, fill In Information below YES NO Citation Citation Citation Citation Type Type HANDLER SECTION (Fill out if RCRA Non-Notifier) **Handler Name** Contact Street **Zip Code** State City County UNIVERSE CHANGE SECTION (Fill out If Universe Change Required) Indicate the Facility's current Universe(s): Indicate the new RCRAInfo Generator Universe: SQG CEG LQG Note: All TSD activity changes must be handled by the IOR and Non-Handler Closed cannot be made using this form. Non-Transporter Transporter If the transporter box is checked, you must check at iii. Indicate the new transporter status:

least one mode of transportation below:

☐ Water

Other

☐ Air

☐ Rail

☐ Highway

Check non-transporter if the facility is

currently listed in RCRAInfo as a

transporter AND no longer transports

hazardous waste.

transporter status change)

(Only fill out if the facility requires a

^{*}Required Fields

Penneytriania Department of Emmonmental Resources Bureau of Waste Management

Hazardous Waste Inspection Report Land Disposal Restriction Supplemental Checklist

<u> </u>			1.	No. Violation Observed 2-Not Applicable	3-Not Determined 4-h	ion-Compliance					
1	Status			REQUIRE	MENT	Claio 40 CF Part 20					
<u>'</u>	-	-	+	Generators	Generatore						
χ			-	Notification sent with shipments of wastes that	do not meet treatment standards.	7(a)(1)					
χ				Notification and certification sent with shipments	s of wastes meeting treatment standard						
$\sqrt{}$				Dilution not used as a substitute for treatment.		3					
				Records maintained of notifications, certificatk supporting use of knowledge for waste classificat		ion 7(a)(5), (a)					
T	1	1		Storage Facilities							
T	X		1	Facility verifies generators classification of waste i	n accordence with waste analysis plan	25 Pa Code 265.13(c)					
1	(1		Containers marked to identify contents and accur	nulation date.	50(a)(2)					
×	(T	1	lotification sent with shipments of wastes that do	not meet treatment standards.	7(a)(1)					
X		T	1	otification and certification sent with shipments of	wastes meeting treatment standards.	7(a)(2)					
χ			F	acility maintains records of documents produced	pursuant to LDR requirements.	7(a)(6)					
			T	eatment Facilities, including PBR and RRF	l Facilities						
χ			Di	ution not used as a substitute for treatment.		3					
χ			Fa tre	cility tests wastes or treatment residues to de atment standards in accordance with waste analy	termine compliance with applicable vsis plan.	7(6)					
			Ce	infication and/or notification sent with shipments of	of waste.	7(b)(4), (b)(5), (b)(6)					
		Ī	Lar	d Disposal Facilities							
	j		Fac	lity tasts wastes received to assure compliance w	rith applicable treatment standards.	7(c)(2)					
\int		F	aci	ity land disposes of restricted waste only if it meet	s applicable treatment standard.	40					
Γ	T	F	aci	ty retains copies of generator notifications and ce	ertifications.	7(c)(1)					



EFACTS: 1646566

Inspection Date	8/27/07
Time Start	
Time Finish	

H	IAZARDOUS WASTE	INSPECTION REPORT
\boxtimes	GENERATOR	☐ S Q GENERATOR

FILE FIELD EPA

					EPA
Comp	pany name MPI Rese	earch Inc.			
EPA i	.D. Number PAD987	283967	Employer I.D. Num	ber (EIN)	
Site A	ddress <u>3058 Resea</u>	rch Drive, State College, PA			
Count	ty <u>Centre</u>	Municipality E	erguson Twp.	Zip <u>16801</u>	
Name	of Inspector Schane	e Confer, Solid Waste Specialis	st; Jim Greene, Solid	Waste Supervisor	
Name	& Title of Responsil	ole Official Raylene Kreiser			
		ne Kreiser			1-8032
		nt from above)			
Amou	nt of Hazardous Wa	ste Generated per Month: ~218	33 Po	unds	Kgs
1. Si	te Characterization	:			
S	FORAGE: 🛛 Cor	ntainer 🗌 Tanks 🔲 Conta	ainment Bldg. 🔲 Dri	Pad Other	
P	BR: ☐ Neu	tralization/WWTP	im	Other	****
Gl	ENERATOR TREAT	MENT Containers	☐ Tanks ☐	Containment Bldg.	☐ Drip Pad
2. Ur	niversal Waste: 🗌	Large Quantity Handler	Small Quantity H	andler	
	Universal Waste T	ypes Fluorescent Lamps			
3. Ha	ızardou <mark>s Waste</mark> Tra	insporters:			
	Transporter Name	Republic Env. Sys	Li	cense Number PA_A	H 0317
	Transporter Name		Li	cense Number	
	Transporter Name		Li	cense Number	
4. Ty	pes of hazardous v	vaste generated and destina	tion facility (locatio	n & type).	
	Waste Code	Waste Descri	ption	Destination	Facility
	D001,D002, F002	Waste flammable liquids, co	rrosive (methanol,	Republic Env Sys (F Hatfield, PA	PA) Inc
	F002, F003, F005, D008, D009	Hazardous waste solid (meth lead, mercury)	nylene chloride,		
	D001	Waste flammable liquid (met	hanol, acetonitrile)		
	0001, D002, D009, F002, F003, F005	Waste flammable corrosive, methylene chloride)	liquids (HCl,		
	D001, F003, F005	Waste flammable liquids (tol	uene, acetone)		
	D002, D007	Waste corrosive liquid, toxic,	inorganic		
	D001	Waste potassium chloride			
-	D002	Waste corrosive liquid bask	organic		***************************************
		Toxic liquids organic			
	D001	Waste flammable solids orga	nic		
	D089	RQ Waste mercury			

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS**

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/27/07 1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2 3 4		4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X			1	Proper containment and collection systems in place	265a.179		H033
X			/	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
x				Containers clearly marked with accumulation date and visible for nspection	262a.10	262.34(a)(2)	H035
X			(Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X			C	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/27/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3 4	4 REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X			Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
Х			Identification Number	262a.10	262.12	H002
Х			Authorized transporters only	262a.10	262.12(c)	H003
X			Subsequent notification requirements met	262a.12(b)		H004
X			Proper manifest used	262a.10	262.21	H005
X			Manifests filled out correctly and completely	262a.20		H006
X			Manifests signed and routed properly	262a.23(a)	262.23	H007
X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X		SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X		SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X			Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X			Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
x			Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X			Specified records retained for three years	262a.10	262.40(c)	H014
x			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
		X	Exception reporting procedures followed	262a.42	262.42	H016
X			Spill reporting procedures followed	262a.10	262.34(d)	H017
x			PPC plan developed and implemented	262a.10	262.34(a)	H018
X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
×			Source reduction strategy prepared and available (LQG only)	262a.100		H020
x			Excluded waste complies with exclusionary requirements	261a.4	261.4	H021



INSPECTION REPORT COMMENTS

Date of inspection	8/27/07	Identification Number	PAD987283967
Company/Facility/Si	te Name	MPI Research Inc	
Comments:			
The Department listed facility. Jim Gre the facility. During the inspesshipment made on 2/6 "1" in the container sec written on the carbon transporter, Republic When contacting manifest was explained information. Mr. McCresearch had faxed the arrived at the destinated During today's viapproximately 6 hours the waste. It was explained to the waste. It was explained to the waste. It was explained to the waste. It is recommer after the 8/6/07 is sent to the central officicopy, which was signed.	ction on 8/6/07 which of 6/07 which of 6/07 which of the copy. Ms. I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. (I lenv. Sys. Sys. (I lenv. Sys. Sys. (I lenv. Sys. Sys. Sys. Sys. Sys. Sys. Sys. Sys	an unannounced follow up inspection to the initial in Naste Supervisor accompanied during the inspection Naste Supervisor accompanied during the inspection of the Supervisor accompanied during the inspection of the Nave a return copy from the destination facily manifest, a number "300" in the quantity section of the supervisor was asked to further look into the manifest. Alloc., to follow up with the manifest as well. Forter, Mark McCormick was the contact name given of for clarification. Mr. McCormick looked into the manifest and the transporter did not have a copy of the matthe manifest. Additionally, Mr. McCormick explainment was an extra container of waste on the truck. See explained that on the day of the shipment there shipment. She had gone home for the day, however, anifest had been filled out prior to the shipment and aste and she then initialed the manifest. Ms. Kreismanifest had not been received, however did not for least and a written cover letter explaining the efforts illity submit the exception report to the department. Its. Kreiser received a letter from the transporter whourg explaining that the original paperwork was missted as the signed orginal. The letter included a copfacility. A copy of the letter and other manifest for	on. Raylene Kreiser represented our 000302249FLE for a lity. The manifest had a number the manifest, and an initial. The Department then called the into the Department. The manifest and provided unifest for that day and that MPI ed that when the shipment. Was a snow and the driver was a ver returned to aid in shipment of the number "1" and "300" were let then phoned the transporter collow the complete exception by the complete exception by the complete exception taken to locate the hazardous lich was addressed to PA DEP using and that the generators by of a disposal certificate for the
observed during the Inspection. review of laboratory analyses or I This report does not constitute a	Additional notif Department reconn order or other	f an inspection conducted by a representative of the Department. This cation of violations may be issued concerning either violations noted hereds. The cation of the Department. Nothing contained herein shall be	rein, or other violations identified as a result of
action for any violation noted hen Signature by the persons intervi report or that a copy was left with	ewed does not	secessarily imply concurrence with the findings on this report, but does	acknowledge that the person was shown the
Person Interviewed		MMM. (Signature)	Date 8-27-07
nspector	fe	(Signature)	Date 8/27/07
		Page	

Printed on Recycled Paper

P		rint or type. (Form designed for use on elite (12-pitch) typewriter.)						J. ONB NO	. 2050-003
1	้ ไทปั้ V	IFORM HAZARDOUS 1. Generator ID Number 3. VASTE MANIFEST 2. 4. 0. 9. 8. 7. 2. 8. 3. 9. 6. 7.	2. Page 1 of 3. F	Emergency Response Phone (800) 567 - 745	4. Manifest	Tracking N	022	49	FLE
		enerator's Name and Mailing Address EXYGEN RESEARCH JAN	Ger	nerator's Site Address (if differen			- 12-4 403		
		3058 RESEARCH DRIVE							
		STATE COLLEGE PA 16801							
	Gene	erator's Phone: 814 231 – 8032 ransporter 1 Company Name			U.S. EPA ID I	Number			
$\ $	1	REPUBLIC ENV SYS (TRANS GROSS)			•		The A	41) 4	Z: 3
	7. Tr	ansporter 2 Company Name	'c "'		U.S. EPAID	Number			C (
	1	esignated Facility Name and Site Address DEFILE TO ENGLOVE.	(护名)。「种门		U.S. EPA ID I				
		2869 SANDSTONE DRIVE			E 2	£ 0 3	E	.2 1.2 €	D I
	1	MATRIELD PA 19440 hysPhone: 215 822-8995			ı				
		ity's Phone: 215 8422 8999 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Numb	ihor	10. Containers	11 Total	T 42 Lipit	Γ		
	9a. HM	and Packing Group (if any))	ber,	No. Type	11. Total Quantity	12. Unit Wt./Vol.	13.	. Waste Cod	es
1	ζ.	\$45 TE FLANÇABLE LIGHTES, CORROSTVE, N.O.S.					(650)	[446]	4-006
ATO		2 (8) UM2924, FGIII (HYDROCHLORIC ACID.	mk			. &	P' 25 .5 15		
GENERATOR		METHYLEME CHLOWIDE). (BOOT)*	IVV.	-	300	ļ	F002	F993	F 605
Ė		2.							
		3.							
									-
		4.							
		·-							
	14. S	pecial Handling Instructions and Additional Information							
	.)	1061768							
		GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of							
		marked and labeled/placarded, and are in all respects in proper condition for transport a Exporter, I certify that the contents of this consignment conform to the terms of the attac			nmental regulations.	If export shi	ipment and I	am the Prim	nary
		certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a I	large quantity generator)) or (b) (if I am a small quantity of	generator) is true.		Mo	-th- Day	Voor
	Gener	rator's/Offeror's Printed/Typed Name	Signature	'ILAWA	VV	1		nth Day 2 ∂∜	Year
<u>`</u>	16. Int	remational Shipments Import to U.S.	Export from U.S.	Port of entry/exit:					
Z		porter signature (for exports only):		Date leaving U.S.:					
IER		ansporter Acknowledgment of Receipt of Materials outer 1 Printed/Typed Name	Signature	or .			Moi	nth Day	Year
SPOR	/	Brian Duffin	1	1200			0	200	
ANS	Transp	porter 2 Printed/Typed Name	Signature				Mo	nth Day	Year
\exists									
1		screpancy							
	18a. Di	iscrepancy Indication Space Quantity Type		Residue	Partial Reje	ection		LL Full Rej	ection
$\ $				Manifest Reference Number:					
=	18b. Al	ternate Facility (or Generator)		Middlinest Neterbride Humber.	U.S. EPA ID N	umber			
ן נ									
		's Phone:				···		The Do	Vanr
	18c. Si	gnature of Alternate Facility (or Generator)					IVIC.	onth Day	y Year
<u> </u>	19 Ha:	zardous Waste Report Management Method Codes (i.e., codes for hazardous waste tr	reatment disposal and	recycling systems)					
	1.	2.	3.	ecycling systems/	4.				
L		HI41 ,							
		signated Facility Owner or Operator: Certification of receipt of hazardous materials cov					14	nth 5	V
	Printed/	/Typed Name	Signature	.:			MO !	nth Day	Year I
7		A contract of the contract of	j				1		



Environmental Services Division

August 20, 2007

PA DEP Bureau of Waste Management 8th Floor, Fulton Building PO Box 2063 Harrisburg, PA 17120

Re: Manifest 000302249FLE

Debleie Caccera

Dear Sirs,

After careful examination of our records, it was discovered that manifest #000302249FLE has been misplaced. In lieu of the originals, please accept these photocopies as the Designated Facility to Destination State and Generator State copies.

We apologize for any inconvenience this may have caused. Please attach a copy of this letter with the manifests for your records.

Sincerely,

Debbie Caccese

PSC/Republic

Cc: Generator – Exygen Research/M P I Research

File

B/L Number 529140	I	SAND <mark>S - D</mark> field, Pa 19						
Namosi			PAD9872	83967				
GENERATOR EXYGEN R	ESEARCH INC	ICATION CODE NO.			ESEAR	CH DRIVE		
CITY STATE COLLEGE	E	st	ATE PA	z	_{IP} 16	801 _{PHC}	NE 814	231-8032
CONTACT: RALENE MO	LINA-KREISER	BROI	KER:					
US DOT Description (In WASTE FLAMMABLE I	ncluding Proper Shipping Name, H	azard Class, and ID No 0 S 3 UN2924	umber) PG III	No.	iners Type	Total Quantity	Unit Wt./Vol	Waste No.
	D, METHYLENE CHLORIDE)	MI	S	D M	30	P	D 0 0 1
b.				77.		1		
c.								
d.								
Additional Information/Lab Code 1D61/08	S01			Emer	gency Pho	one#	1	
a	201	С						
b		d						
	VERBAL.							
CONTRACT/PO NO.		SPECIAL INSTRUCT	TIONS / REASC	NS FOR DI	ELAY			
NO. OF OVERPACKS USED			****					
START TIME ARRIVAL AT CUSTOMER _	3:06							
DEPARTED CUSTOMER	3:30							
DELAY TIME		-						
GENERATOR CERTIFICATION	<u></u>						40.	
"I hereby declare that the conte	nts of this consignment are fully a	nd accurately described	d above by prop	er shipping.	name and	d are classified, pa	ckaged, mark	ed and certify that
all times listed above are true as	ng/course/		77/11	11/		overninental regar	02-0	_
Print Name	MINIPIAL	_ Signature	/ / 	<u> </u>		Date _	02-0	607
		(0		1			l	
TRACTOR #	TRAILER#	BOX SPOTTED)#		PICKED U	215 R	LINER 22-2676	
TRANSPORTER #1_DUBL TO	ENV SYS (TRANS G	O ID		PHONE	NUMBE	AD98266138		
		KOOP /		PEPA ID	NO	AD30200130		
PRINT NAME 1579n	Duffix	SIGNATUR	RE		efo		DATE _	92.06-07
TRANSPORTER #2					NUMBE	R	.	
COMPANY			_	EPA ID I	NO			
PRINT NAME		SIGNATUR	RE				DATE	
TSDF ARRIVAL TIME		REASON FOR DEL	AY					-
TSDF DEPARTURE TIME								
DELAY TIME								
FINISH TIME CONSIGNEE/TREATMENT/ST	TORAGE/DISPOSAL FACILITY	EPA IDENTIFICATION	ON CODE NO.	PADO8	569059	2		
CONSIGNED TO REPUBLIC	ENV SYS (PA), INC.		ADDRESS_			NE DRIVE		
CITY_HATFIELD	STAT	PA PA	ZIP 19440	PI	ONE 2	15 822-8995		
THIS IS TO CERTIFY THE ACC	EPTANCE OF THIS WASTE FOR	TREATMENT STORA	AGE DISPOSAL					
PRINT NAME		SIGNATURE					DATE _	

Number 529140	Hat	tfield, Pa 19	9440					
DATE OF PICKUP	EPA IDENTI	IFICATION CODE NO.	PAD9872					
GENERATOR EXYGEN RE	ESEARCH INC		ADDRESS	3058 R		CH DRIVE		
CITY STATE COLLEGE		s	TATE PA		_{IP} 168	801 _{PHON}	E 814 2	231-8032
CONTACT: RALENE MOL	LINA-KREISER		OKER:					
US DOT Description (In	ncluding Proper Shipping Name, H	Hazard Class, and ID N	Vumber)	Conta No.	alners Type	Total Quantity	Unit Wt./Vol.	Waste No.
	ID, METHYLENE CHLORIDE)	mi	X	DM	300	. Р	D 0 0 1
b. ·		,	,					
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d.								
Additional Information/Lab Code	S01			Emer	gency Pho	one#		
a .		C						
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CONTRACT/PO NO		SPECIAL INSTRUCT	TIONS / REASC	ONS FOR DE	ELAY			
NO. OF OVERPACKS USED		(
START TIME	3:06	l 						
ARRIVAL AT CUSTOMER _		ı 						
DEPARTED CUSTOMER	3:30	ı 					 	
DELAY TIME		i ————						-
GENERATOR CERTIFICATION: "I hereby declare that the content tabelled/placarded, and are in all all times listed above are true and Print Name	nts of this consignment are fully ar il respekts in proper condition for to	and accurately describer transport according of a	d above by prop applicable intern	per shipping,	name and national gr	overnmental regulation	aged, marked ons." I also c	certify that
TRACTOR #	TRAILER#	BOX SPOTTED	D#	BOX P	PICKED UI	P# 215 822	LINER	
TDANGDORTER #1				PHONE	NUMBER	н		
TRANSPORTER #1 COMPANY REPUBLIC	ENV SYS (TRANS GF	(OUP)	-	EPA ID N	NO. P	AD982661381		
		SIGNATUR	RE	2-0	4	7	DATE O	2.06.07
TRANSPORTER #2 COMPANY				PHONE EPÁ ID N	NUMBER	1		
PRINT NAME		SIGNATUR	RÉ				DATE	
TSDF ARRIVAL TIME		REASON FOR DELA	AY					
TSDF DEPARTURE TIME		1						
DELAY TIME		1						
FINISH TIME		·						
CONSIGNEE/TREATMENT/STO	ORAGE/DISPOSAL FACILITY	EPA IDENTIFICATIO						
CONSIGNED TO REPUBLIC	ENV SYS (PA), INC.			2869 SA		E DRIVE		
CITY HATFIELD	STAT	TE PA	ZIP 19440	PH	IONE 21	5 822-8995		
THIS IS TO CERTIFY THE ACCE			AGE DISPOSAL		0 //			V· /
PRINT NAME MAILS	mish	SIGNATURE	11.	au h	1/_		_ DATE	108/07

White - GENERATOR FILE Blue - TRANSPORTER FILE

Canary - PSC BILLING DEPARTMENT (RETURN TO GENERATOR) Pink - PSC BILLING DEPARTMENT FILE Goldenrod - TSD FACILITY COPY

Ple	ease print or type. (Form designed for use on elite (12-pitch) typew	riter.)		Fo	rm Approved. OMB No.:	2050-0039
1	UNIFORM HAZARDOUS 1. Generator ID Number	2. Page 1 of 3	3. Emergency Response Phone	4. Manifest Tracking	Number	- i
	WASTE MANIFEST PADS87283	967 1	(800) 567-7455		02249 F	·LE
	5. Generator's Name and Mailing Address CXYGEN RESEAR	KCH TINC G	enerator's Site Address (if different th	an mailing address)		
	3058 RESEARCH DRIVE					
	STATE COLLEGE PA 16801	, •		•		
41	Generator's Phone: 814 231-8/032					
	6. Transporter 1 Company Name		······································	U.S. EPA ID Number		
	DESCRIPTION TO DEBY DIVE ATTRACT COOKING	٠.		Ipanos	326613	a 1.
	FEPUBLIC EMV SYS CTRANS GROUP 7. Transporter 2 Company Name	<u> </u>		U.S. EPA ID Number	127712	Ç J
			i	1		l
	8. Designated Facility Name and Site Address CF SI IF I	madi mam (ma) Tall		U.S. EPA ID Number		
	The Court of	ENV SYS (PA). IN	at +			
	2869 SANDSTONE DRIVE		• 47	1. 4 1. 3 5	3 5 5 9 0 5 9	7 4
	HATFIELD PA 19440			!		
	Facility's Phone: 21.5 822-8995		,			
	9a. 9b. U.S. DOT Description (including Proper Shipping Name, Haza	rd Class, ID Number,	10. Containers	11. Total 12. Unit	13. Waste Codes	,
	HM and Packing Group (if any))		No. Type	Quantity Wt./Vol.		
2	* WASTE FLAMMABLE LIGHTDS, CORROSTV				0001 0002	(4)()9
12	3 (8) UN2924, PGIII, (NYDROCHLORIC	ACID, MY	X D M	P		
2	METHYLENE CHLORIDE). (0001)*	MT		1300	F002 F003	F005
GENERATOR	2.	•				
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Ш	3.					
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	4.					
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	14. Special Handling Instructions and Additional Information				A	
	.) 1061708					- 1
111	. 7 #1 **J # 1 *,7%*					
						1
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that	at the contents of this consignment are f	ully and accurately described above	by the proper shipping name	a, and are classified, packag	ed,
	marked and labeled/placarded, and are in all respects in proper condi-	tion for transport according to applicable	international and national governme	ntal regulations. If export sh	ipment and I am the Primar	у
	Exporter, I certify that the contents of this consignment conform to the I certify that the waste minimization statement identified in 40 CFR 26	terms of the attached EPA Acknowledg 2 27(a) (if I am a large quantity generate	ment of Consent. or) or (b) of I am a small quantity dens	rator) is true		-
					Month Day	Year
	Generator's/Offeror's Printed/Typh/ Name V & Q V & V & S & V		HANVIL	M	102 106	(0)
	16 International Shinments				·I	
	Import to U.S.	Export from U.S.	Port of entry/exit:			
	Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials		Date leaving U.S.:			——
	Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name	Signatu	97		Month Day	Year
ğ	Brian Duffin	المراجع ا	2 12		02 06	10>
핡	Transporter 2 Printed/Typed Name	Signatu			Month Day	Year
ا≳	Transporter 2 i sinour types ruine				1 1	1
_						L
1 ⊢	18. Discrepancy					
1	18a. Discrepancy Indication Space Quantity	Туре	Residue	Partial Rejection	Full Reject	tion
<u> </u>			Manifest Reference Number:			
<u>-</u> 1	8b. Alternate Facility (or Generator)			U.S. EPA ID Number		
텡						
$\Sigma _{F}$	acility's Phone:					
3 1	8c. Signature of Alternate Facility (or Generator)				Month Day	Year
٤						
5 19	9. Hazardous Waste Report Management Method Codes (i.e., codes for ha	zardous waste treatment, disposal, and	recycling systems)			
DESIGNATED FACILITY		3.		4.		
.	11143			, ,		
20	Designated Facility Owner or Operator: Certification of receipt of hazardo	us materials covered by the manifest e.	ccept as noted in Item 18a	1		-
	rinted/Typed Name	Signatur		1	Month Day	Year
11.	Mattonio	يرسل	5 / W//	/-	10)11.87	67
PA F	orm 8700-22 (Rev. 3-05) Previous editions are obsolete.		1-W/		MEDATODIC INITIAL	CODA
	1 that: Cat Ma		,	(6	ENERATOR'S INITIAL	COPT

REPUBLIC ENV SYS (PA), INC. (PENNSYLVANIA)

2869 SANDSTONE DRIVE / HATFIELD, PA 19440 / 215-822-8995 EPA I.D. #PAD085690592

CERTIFICATE OF WASTE DISPOSAL No. 529140

THIS IS TO CERTIFY THAT WASTE MATERIAL RECEIVED FROM:

Generator M P I RESEARCH

Address 3058 RESEARCH DRIVE / STATE COLLEGE, PA 16801

HAS BEEN ANALYZED AND ACCEPTED AS SPECIFIED UNDER THE FACILITY'S WASTE ANALYSIS PLAN. ALL MATERIALS REPRESENTED HEREIN SHALL BE STORED, TREATED, MANAGED AND/OR DISPOSED OF IN ACCORDANCE WITH ALL APPLICABLE LOCAL

Lab Code/

Clin# D.O.T./E.P.A. Description

AS REFERENCED ON MANIFEST NUMBER:

E.P.A. ID # PAD987283967

Storage/Treatment/Disposal Method H141 H040

1D61708 WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.

STATE AND FEDERAL REGULATIONS IN THE MANNER DESCRIBED BELOW.

(D001, D002, D009, F002, F003, F005)

000302249FLE

Debbie Carrèse

Debbie Caccese

02/08/2007

REPUBLIC ENV SYS (PA), INC.

Representative - Title:Document Control



PΙε	ease pri	nt or type. (Form designed for use on	elite (12-pitch) typewriter.)							d. OMB No.	
1	W.		87283967	2. Page 1 of 3. Em	ergency Response	-	4. Manifest	Tracking N	022	48 F	ELE
		nerator's Name and Mailing Address FX		Gener	ator's Site Address	(if different th	an mailing addres	ss)			
		STATE COLLEGE PA 16			- 10 mg						
		rator's Phone: 814 231 -80	332				II O EDAID	b			
		nsporter 1 Company Name REPUBLIC ENV SYS (1)	rans (FOLE)				U.S. EPA ID N	iumber 3 G S	2 4 1	6 1 2	8-1
		nsporter 2 Company Name					U.S. EPA ID N	lumber			
	8 Des	signated Facility Name and Site Address	PARTIES THE STATE OF	40			U.S. EPA ID N	lumber			
	1 2	2869 SANDSTONE DELL	· ·				PAI	r er e	$C = \mathcal{L}_{ij}^{ij} = i$	a o c	9 3
		HATFIELD PA 19440 215 822-85	1 95				1				
	Facility 9a.	y's Phone:	er Shipping Name, Hazard Class, ID Number,		10. Contain	ers	11. Total	12. Unit	40		
	HM	and Packing Group (if any))	US, CORRESIVE, M.U.S.		No.	Туре	Quantity	Wt./Vol.	13.	Waste Code	is 17 20 2
Š	. ,	14	METHABLE HATCHER DELC TO	io (₽ F		F			
GENERATOR		(0601)			003.		0/200			F-3-5-1	
SEN	j.	THE SHYLENE CHECKINE.L	(f. 18.0.5 (3 MA3027) PATT EAD,MEPCHRY () (F002)*	. t.	001	長舞	e - 3 -	ę.	1 1904	r emp	i AND
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	(,) 	1D68809 2 1D6	1499 3 \ 1061507	4.) 1(01000			,			
	m	arked and labeled/placarded, and are in all	ON: I hereby declare that the contents of this or respects in proper condition for transport according	ding to applicable into	emational and natio	cribed above nal governm	by the proper ship ental regulations.	oping name If export sh	, and are cia ipment and l	issified, pack am the Prim	aged, ary
П	1 g	certify that the waste minimization statemen	signment conform to the terms of the attached E t identified in 40 CFR 262.27(a) (if I am a large of	quantity generator) o		quantity gen	erator) is true.				
Ш		tor's/Offeror's Printed/Typed Name		Signature	MM	V	200			nth Day 210€	Year . I ○ ゝ
<u>*</u>	16. Inte	mational Shipments 1 1		Export from U.S.	Port of entr	v/exit:					
≦	_	orter signature (for exports only):			Date leaving						
	Transpo	sporter Acknowledgment of Receipt of Mater order 1 Printed/Typed Name	enais	Signature	No.	ø			Moi	nth Day	Year
2		orter 2 Printed/Typed Name		Signature	2	est			Mo	nth Day	Year
2	Hanspo	rtei z Printedr Typed tvairie		Signature							
-	18. Disc	repancy									
	18a. Dis	crepancy Indication Space Quar	ntity Type	[Residue		Partial Reje	ction		Full Reje	ection
				N	anifest Reference I	Number:					
5	18b. Alte	ernate Facility (or Generator)					U.S. EPA ID N	ımber			
2	Facility's	Phone:					1				
		nature of Alternate Facility (or Generator)							Mo	onth Day	Year
}	19. Haza	ardous Waste Report Management Method	Codes (i.e., codes for hazardous waste treatme	ent, disposal, and rec	evoling systems)						
! Ի	1.		2.	3.			4.			į	
-	20 Dari	1-11-41	M141		H + 4 1	182		H(4)			
		gnated Facility Owner or Operator: Certification Typed Name	ation of receipt of hazardous materials covered b	Signature	pi as noted in Item	108			Mo	onth Day	Year
1											

P		se print or type. (Form designed for use on elite (12-pitch) typewriter.)				<u> </u>			d. OMB No	. 2050-003
	П	WASTE MANIFEST A D 9 8 7 2 8 3 9 6 7 = -	2. Page 1 of 3. Em	(800)56	1-7455		003	^{umber} 2	48	FLE
		5. Generator's Name and Mailing Address EXYGEN RESEARCH INC 3058 RESEARCH DRIVE	Gener	ator's Site Address	(if different tha	n mailing addres	ss)			
		STATE COLLEGE PA 16801	OKAT	TTTETT						
		Generator's Phone: 814 231-8032 6. Transporter 1 Company Name	RECK	V		U.S. EPA ID N	Number			
	$\ $	REPUBLIC ENV SYS (TRANS GROUP)	MAR	- 1 2007		PAR	98	2.5	613	8 1
	\prod	7. Transporter 2 Company Name				U.S. EPA ID N	lumber			
		8. Designated Facility Name and Site Address REPUBLIC (INV STS CF	A). INC.			U.S. EPAID N				
	$\ $	2869 SANDSTONE DRIVE HATFIELD PA 19440				PAL		56	9 N 5	3 2
		Facility's Phone: 215 822-8995				<u></u>				
		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	MK	10. Contain No.	ners Type	11. Total Quantity	12. Unit Wt./Vol.		. Waste Cod	es
CENEDATOD -	A S	<pre>WASTE FLAMMABLE LIQUIDS, CORRUSIVE, N.O.S., 3 (8) UN2924. PGIII, (METHANOL, HYDROCHLORIC AC (D001)*</pre>	IID)、 ろ	2/4	DF	0/421	þ	0001	0002	F002
NED	Ž V	MAZARDOUS WASTE, SOLID, N.O.S., 9 NA3077, PGIL		00/B		OF JUIC		F002	F903	F005
1		(METHYLEME CHLORIDE, LEAD, MERCURY), (FQQ2)*	¥	007	DMC	10175 1030 :	P .	0008	0009	dip.
	i	BO WASTE FLAMMABLE LIGHTE, N.O.S. 3 BM1993, P	76II, "	2-1	- 10	10165		0001	6403	
		(METHANOL, ACETONITRILE), (0001)	~	005	B # 3		(H)	***************************************	 	
	Ã	RQ WASTE FLAMMABLE LIQUID, N.O.S., 3 UN1993, P	7G11,	7,03	DF	-01/5-E	<u>(2)</u>	0001	F003	F005
		(TOLUENE, ACETONE), (DOD1)*	(2)	003	0	20165	E			
		4. Special Handling Instructions and Additional Information							•	<u> </u>
	-	0TC Solid HPLC	4.) 10 E	061506 TU						
	1	5. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this co								
		marked and labeled/placarded, and are in all respects in proper condition for transport accord Exporter, I certify that the contents of this consignment conform to the terms of the attached I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large of	EPA Acknowledgmen	t of Consent.			if export shi	pment and I	am the Phm	ary
	G X	enerators/Offeror's Printed/Typed Name OF ON Solution Shipments Description Shipments	Signature	M	Vi	w		м _о	Day	
INT	10	import to U.S.	Export from U.S.	Port of enti	y/exit:					
_	-	ransporter signature (for exports only): 7. Transporter Acknowledgment of Receipt of Materials		Date leavin	g U.S.:					v
K	Tr	ansporter 1 Printed/Typed Name	Signature					Moi		Year
NSP(Tr	Srian Duffin ansporter 2 Printed/Typed Name	Signature	- Qu	eff.			C		Year
TR ANSPORTER										
1	-	Discrepancy Indication Space								
	"	a. Discrepancy indication space Quantity Type	·	Residue	L	Partial Rejec	ction	l	Full Reje	ection
<u>_</u>	18	b. Alternate Facility (or Generator)	M	anifest Reference I	Number:	U.S. EPA ID Nu	mber		·	
CILI			•							
D FA		cility's Phone: c. Signature of Alternate Facility (or Generator)						Mo	nth Day	Year
DESIGNATED FACILITY	"	2. Signature of Atternate Lauring (or Generator)						l IVIO	liui Day	l
SIG	19	Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatme		ycling systems)						
lil	<u> </u>	/H141 // H141		H141		4.	H141			
	20.	Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the first of the control of		ot as noted in Item	18a			Ma	oth Dov	Vast
	1	TENNOTH MILLIAN	Signature	the property and the second se	لياجع يتقيدن بالمتعاد الماعات بالمتعاد بالمتعادة			Mor	nth Day	Year 07
EPA	Fo	rm 8700-22 (Rev. 3-05) Previous editions are obsolete.	1		-	DESIG	NATED	FACILITY	TO GEN	لبنيا

2869 SANDSTONE DRIVE

1	369 SANDSTONE DRIVE	3				
	NTIFICATION CODE NO. PAD987	283967				
			ESEAR	CH_DRIVE		
CITY STATE COLLEGE				801 рно	NE 814	231-8032
CONTACT: RALENE MOLINA-KREISER	BROKER:					·
US DOT Description (Including Proper Shipping Nam	e, Hazard Class, and ID Number)	No.	ainers Type	Total Quantity	Unit Wt./Vol.	Waste No.
a WASTE FLAMMABLE LIQUIDS, CORROSIVE, (METHANOL, HYDROCHLORIC ACID)	N.O.S.,3,UN2924,PG III	COZ	D.F	01200	F p	0.001
b. HAZARDOUS WASTE, SOLID, N.O.S.,9,NA (METHYLENE CHLORIDE, LEAD, MERCURY)	3077,PG III	001	89	00300		
c. RQ WASTE FLAMMABLE LIQUID, N.O.S.,3 (METHANOL,ACETONITRILE)	,UN1993,PG II	OCA	D H	00000		F 0 0 2
d. RQ WASTE FLAMMABLE LIQUID, N.O.S.,3 (TOLUENE, ACETONE)	,UN1993,PG II	002	GG DF	110		D 0 0 1
Additional Information/Lab Code		Fmer	gency Pho		6	D 0 0 1
a 1D68809 S01	c 1D6150	,	goney i in	S01		
b 1D61499 S01	d 1D6150	6		S01		
VERBAL		505.5	=1.41/			
CONTRACT/PO NO. NO. OF OVERPACKS USED	SPECIAL INSTRUCTIONS / REAS	SONS FOR D	ELAY			
START TIME						
ARRIVAL AT CUSTOMER 3:00						
DEPARTED CUSTOMER 3:30						
DELAY TIME						
GENERATOR CERTIFICATION: "I hereby declare that the contents of this consignment are full labelled/placarded, and are in all respects in proper condition all times listed above are true and correct. Print Name				overnmental regula		certify that
TRACTOR # 8-1 TRAILER#	BOX SPOTTED#	BOX	PICKED U	IP#	LINER	
			NUMBE	215 00	22-2676	
TRANSPORTER #1 COMPANY REPUBLIC ENV SYS (TRANS	GROUP)	EPA ID	NOF	AD98266138		
PRINT NAME Brigh Duffin	SIGNATURE	3 B	fl		DATE _C	2-06-07
TRANSPORTER #2 COMPANY		PHONE EPA ID	NUMBEI	R		
PRINT NAME	SIGNATURE				DATE	
TSDF ARRIVAL TIME	REASON FOR DELAY					
TSDF DEPARTURE TIME		_				
DELAY TIME						
FINISH TIME CONSIGNEE/TREATMENT/STORAGE/DISPOSAL FACIL	ITY EPA IDENTIFICATION CODE NO	PANNE	569059	2		
CONSIGNED TO REPUBLIC ENV SYS (PA), INC		2060 6		NE DRIVE		· · · · · · · · · · · · · · · · · · ·
CITY HATFIELD	STATE PA ZIP 19440			15 822-8995		
THIS IS TO CERTIFY THE ACCEPTANCE OF THIS WASTE						
PRINT NAME	SIGNATURE				DATE _	

2500-FM-LRWW0276

Rev. 05/99



Commonwealth of Pennsylvania Department of Environmental Protection Bureau of Land Recycling and Waste Management

Inspection Date	1/5/2005
Time Start_	
Time Finished	

HAZ	ARDOUS WASTE	E INS	PECTION REPORT
$\overline{\mathbf{v}}$	GENERATOR		S Q GENERATOR

			<u></u>					
Company	Name Exygen Research			I.D. Number	PAD9872839	967		
Site Addre	ess 3058 Research Drive							
State Coll	ege, PA 16801							
County	Centre		Municipality	Ferguson Tw	γp			
lame of I	nspectorJared Dressler							
lame and	d Title Responsible Official R	ichard Grazzini	President					
Person Int	terviewed Raylene Kreiser		Telephone	814-231-803	2			
/lailing Ad	ddress (if different from above)							
Amount of nonth:	f Hazardous Waste Generated	per App 280	orox. = Pounds	S		Kgs		
1.	Site Characterization:							
	STORAGE: Containe	er □ Tanks	☐ Containmen	it Bldg. □ Dri	p Pad Other			
		ation/WWTP	□ Reclaim	Ŭ	•			
		Containers	☐ Tanks	☐ Containme		☐ Drip Pad		
2.	Universal Waste: Universal Waste Typ	•	andler □ Sm	nall Quantity Har	ndler			
3.	Hazardous Waste Transpo	Hazardous Waste Transporters:						
	Transporter Name Transporter Name Transporter Name		Republic Env Systems Licens Licens		nber	NH 0317		
4.	Types of hazardous waste generated and destination facility (location & type).							
	Waste Code	Was	ste Description		Destinatio	n Facility		
				Rep	oublic Env Systems,	Hatfield, PA		
				PAI	D085690592			

Page ____1___ of __2-

2540-FM-LRWM076 Rev. 07/2001

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 1/5/2005		Identification Number _	PAD987283967			
Company/Facility/Site Name _	Exygen Research					
An administrative review (C	SE) was performed as a	result of a violation note	ed during the 12/21/2004			
hazardous waste inspection at the facility. The purpose of this inspection report is to document that the						
*	1 0		ce Reduction Strategy on 1/4/2005.			
The SRS is attached. This co	rrects the violation of 25	Pa Code § 262a.100 no	oted in the 12/21/2004 inspection.			
This inspection report is notice of the	findings of an inspection conduc	cted by a representative of the D	epartment. This report is formal			
notification of any violations observed d	uring the inspection. Additional r	notification of violations may be i	ssued concerning either violations			
noted herein, or other violations identified This report does not constitute an or						
grant or imply immunity from legal actio Signature by the persons interviewed		currence with the findings on this	s report, but does acknowledge that			
the person was shown the report or that						
Person Interviewed (Signature)	Administrative review—T	o be mailed to facility	Date			
, -	1		://-			
Inspector (Signature)	Jame Dus	who -	Date <u>i/5/05</u>			
		of2				

2500-FM-LRWM0276 Rev. 5/99



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	12/21/04
Time Start	13:00
Time Finish	16:00

H	IAZARDOUS WASTE	INSPECTION REPORT
X	GENERATOR	S Q GENERATOR

Company name <u>(xygen Plxinon</u>).	D. Number PADTE FABSTO
Site Address 3058 Research Drive	
County Centre Municipality Ferguson Tu	p Zip 16801
Name of Inspector <u>Javed Dressley</u> Name & Title of Responsible Official <u>Richard Grazzini</u> -	
Name & Title of Responsible Official Kichard Grazzini -	President
Person Interviewed Ralene Kreiser T	elephone (814) 231-8032
Mailing Address (if different from above)	
Amount of Hazardous Waste Generated per Month: x 200 Po	unds Kgs
1. Site Characterization:	·
STORAGE: ☑ Container ☐ Tanks ☐ Containment Bldg. ☐ Dri	p Pad Other
PBR:	Other
GENERATOR TREATMENT	Containment Bldg.
2. Universal Waste:	Handler
Universal Waste Types	
3. Hazardous Waste Transporters:	·
Transporter Name Republic Env. Systems L	icense Number PAAH 0317
	icense Number
	icense Number
4. Types of hazardous waste generated and destination facility (locati	ion & type).
Waste Code Waste Description DOOS, DOO9 Hazardas naste Solice	Destination Facility
FOOZ FOOZ FOOS HAZANDAS CLASHE SOLICI	Republic Env. Systems Hatteld PA
FOOL, FOO'S Waste Dichloromerhane	PADO85690592
15002, Food, Food Methylene Chloride	1
Nexhand, Hydrochloric Acid	
Door, proz Waste Flammable Liquids, corresive	Ψ .
DOOI, FOO3, FOOT Waste Flammable Lizevill Idvene, Aver	j
DOOZ, DOOR Waste Corrosine Liquid-Hason, HEL	

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Exgen Reserved ID Number PAD 987283 967 Date 12/21/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

ST	ΑΤι	JS			•	
1	2 3	3 4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
	1		Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
	\perp		Identification Number	262a.10	262.12	H002
4			Authorized transporters only	262a.10	262.12(c)	H003
			Subsequent notification requirements met	262a.12(b)		H004
V	1		Proper manifest used	262a.10	262.21	H005
	1		Manifests filled out correctly and completely	262a.20		H006
1			Manifests signed and routed properly	262a.23(a)	262.23	H007
	\perp		Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	λ		SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	V		SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
\checkmark			Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
1			Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
			Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
1			Specified records retained for three years	262a.10	262.40(c)	H014
1			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
	1		Exception reporting procedures followed	262a.42	262.42	H016
1	4		Spill reporting procedures followed	262a.10	262.34(d)	H017
\checkmark		\perp	PPC plan developed and implemented	262a.10	262.34(a)	H018
	1		Special requirements followed for international shipments	262a.10	262.50 262.60	H019
			Source reduction strategy prepared and available (LQG only)	262a.100		H020
4	-		Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
		Ì				

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Exygen Pesewold ID Number PAD987283967 Date 12/21/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
/				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<u>~</u>				Containers of hazardous waste in good condition	265a.1	265.171	H026
~				Containers and stored waste compatible	265a.1	265.172	H027
_				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
\leq				Containers managed to prevent leaks	265a.1	265.173(b)	H029
_				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
_				Container storage areas inspected at least weekly	265a.1	265.174	H031
/				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
				Proper containment and collection systems in place	265a.179		H033
/				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
/				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
/				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
~				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

INSPECTION REPORT COMMENTS

Date of Inspection 1-/21/04	Identification Number PAD 187283967
Company/Facility/Site Name Expens	Research. ted Expen Research (Formerly Centre
- Un 12/21/04 I infe	ted aygen research (Formary Centre
Analytical Labs), Kalène	Kreiser accompanied me on the inspecto
Exygen operates out	of two buildings (Building # 1 and #2)
at the site and general	es hazardous waste in the process of
industry.	rious customers including the pharmecution
	inspected as a small grantity generator
Hazardon mote is	generaled at each noik station depending
	. Each nork station is equipped with
small (& Spaller) contain	ers for satellite accumulation. All containers
	These containers are taken regularly
	ea shed located adjucent to building #1.
The naste is stored	5 gal drums which neve property
labeled and dased.	
The facility Mainta	As a second 90 day storage avea
nithin building # I for the	iccumulation of sample naste, which is
	Id contain other hazardous constituents.
	stream would be tested (each drum) and it
	H the drum would be neutralized and dispose
	Ms. Kreiser noted this practice has
	hazardous for other constituents at this time
	lons on treating the hazardous unterthing
of adjustement they sho	Il do so under a haz maste permit-by-
1	What she is angre of the PBR
	actor sociale devant are stored aton
Control of the Party of the Par	whose should be a sold to the
This inspection report is notice of the findings of an inspection co	SQ, II QUENTION AMU CONTAINMENT PURPOSES, inducted by a representative of the Department. This report is formal notification of any violations observed during the
inspection. Additional notification of violations may be issued concerning records.	either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department
This report does not constitute an order or other appealable activition noted herein.	n of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any
Signature by the persons interviewed does not necessarily imply to was left with the person.	oncurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy
Person Interviewed	Date
	(Signature)
Inspector	Date
	(Signature)

INSPECTION REPORT COMMENTS

Date of Inspection 12/21/04 Identification Number PAD 987283967
Company/Facility/Site Name Exgun Research
Ms. Kreiser noted that since the last facility inspection the facility has become a large grantity generator. I revened
the 2003 biennial report which included an updated Form 8700-12 notification. The RCZIS database still show the facility
A review of manifests from this year indicates the facility
remains a large quantity generators Estimates of generation Since May 2004 indicate an average monthly generation of 22,800 lbs (Estimating 8/bs/gal)
At present various personnel receive hazardous naute training which is manifored by Ms Kreiser. She is in the process of reorganizing
the facility's training program. This training program and records of the training program should be consistent with the requirements
of 40 CFR 265. 16. Additionally the facility non maintains an emergency action plan and 30?'s for bulk chemical naste and
lab chemical naste. Ms. Kreiser is also in the process of possibly consolidating these documents into one PFC plan.
-ine item HO20 was marked in violation as the facility
has not completed a source reduction strategy, which is required by 25 Pa Code & 262a 100 for Large Quantity Generators, Ms.
Kreiser down loaded the appropriate FORM 25R before the
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the
inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.
Person Interviewed Date 12/21/2 and (Signature)
Inspector January Date 12/21/04
Page 5 of <u>5</u>

Thread on Recycled Paper



Commonwealth of Pennsylvania Department of Environmental Protection Bureau of Land Recycling and Waste Management

Inspection Date 2-3-03
Time Start 8icc 14
Time Finished 12icc Pm

HAZARDOUS WASTE INSPECTION REPORT GENERATOR S Q GENERATOR

Company	Name Centre Analytical L	aboratories (E	XYGEN RESEARCH	D. Num	ber PADS	9872839	67
Site Addre	ess 304/8 Research Drive						
	State College, PA 168	01					
County	Centre County		Municipality	Ferguso	n Township		
Name of Ir	nspector George M. Polar	sky 570 327-3729			***		
Name and Official	Title Responsible	Richard Grazzini, Pr	esident				
Person Int	erviewed Ralene Molina-	Kreiser	Telephone	800 281	-3219 FAX 8	314 272-1	1019
Mailing Ad	Idress (if different from above)						
Amount of month:	Hazardous Waste Generate	d per	Pounds	Betwee	n 100 and 10	000	Kgs
1.	Site Characterization:						
	STORAGE: Contain	er □ Tanks	☐ Containment	Bldg.	l Drip Pad	Other	
	PBR: ☐ Neutralia	zation/WWTP	☐ Reclaim	_		Other_	
	Generator Treatment:	Containers	□ Tanks	☐ Contair	nment Bldg.		☐ Drip Pad
2.	Universal Waste:	Large Quantity Han	dler ⊠ Smal	I Quantity	Handler		
	Universal Waste Ty	pes <u>Fluorescent La</u>	amps				
3.	Hazardous Waste Transp	orters:					
	Transporter Name Transporter Name Transporter Name		Sys (Trans Group)	License	Number Number Number	PA Al	H 0317
4.	Types of hazardous waste	e generated and de	estination facility	(location	& type).		
	Waste Code	Wast	e Description		De	stination	n Facility
	D001	RQ Waste Flamm	able Liquid		Republic E	nv Sys(PA), Inc
	D002	Waste Corrosive L	_iquid		PAD08569	0592	
		L. P. P. L. L. L. L. L. L. L. L. L. L. L. L. L.					

Page ____1 ___ of ____/

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name	Centre Analytical Laboratorie	s ID Number	PAD987283967	Date	02-03-2003	
	EYYEUN RESEARCH 1-No Violation Observed	2-Not Applicable	3-Not Determined	4-No	on-Compliance	

Status				PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE ITEM	
				REQUIREMENT	25 PA Code	40 01 10	
1 X	2	3	4	Hazardous waste determination performed on all waste	262a.10	262.11	H001
				streams Identification Number	262a.10	262.12	H002
Х					262a.10	262.12(c)	H003
Χ				Authorized transporters only Subsequent notification requirements met	262a.12(b)		H004
Χ					262a.10	262.21	H005
Χ				Proper manifest used Manifests filled out correctly and completely	262a.20		H006
Х					262a.23(a)	262.23	H007
Х				Manifests signed and routed properly Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
Х	Х			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
Χ				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<u>^</u>			 	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X		-		Personnel training program per 265.16 complied with	262a.10	262.34(a)(4), 262.34(d)	H012
Χ				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
Х		-	-	Specified records retained for three years	262a.10	262.40(c)	H014
	Х			Biennial reports submitted to the Department (LQG only)	262a.41	262.41 ·	H015
Х			1	Exception reporting procedures followed	262a.42	262.42	H016
X		†		Spill reporting procedures followed	262a.10	262.34(d)	H017
Х			 	PPC Plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50, 262.60	H019
	Х			Source reduction strategy prepared and available (LQG only)	262a.100		H020
Х				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

			L1
Page	2	of	,

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name	e Centre Analytical Laboratorie	s ID Number	PAD987283967	Date	2-03-2003	
	EXY DEN RUSEARCH					
	1-No Violation Observed	2-Not Applicable	e 3-Not Determined	4-No	on-Compliance	

	Status			REQUIREMENT			
1	2	3	4	CONTAINERS (Subchapter 1)	PA CIT 25 PA Code	FED CIT. 40 CFR	ITEM
Х				Containers managed in compliance with 40 CFR Part 265 Subpart 1 and 25 Pa. Code Chapter 265a Subchapter 1	262a.10	262.34	H025
Х				Containers of hazardous waste in good condition	265a.1	265.171	H026
Х				Containers and stored waste compatible	265a.1	265.172	H027
Х				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
Х				Containers managed to prevent leaks	265a.1	265.173(b)	H029
Х				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment.	265a.173		H030
Х				Container storage areas inspected at least weekly	265a.1	265.174	H031
Х				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
Х				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
Х				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
Х				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403 (b)(2)		H037

2540-FM-LRWM076 Rev. 07/2001

Date of Inspection

02-03-2003

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Identification Number PAD987283967

Company/Facility/Site Name
On February 3, 2003 I inspected Centre Analytical Laboratories located in Ferguson Township, Centre County, Pennsylvania. This facility has had a change in ownership and has submitted a Subsequent Notification of Regulated Waste Activity and is doing business as Exygen Research Inc.
Exygen Research Inc does analysis of both aqueous and soil samples for parameters requested by the one contracting for the analysis. In the process of analyzing the samples, hazardous waste is generated.
Exygen is moving away from doing environmental samples and becoming research oriented. If this results in a change of Exygen's hazardous waste status, Exygen should notify the department.
Satellite accumulation is set up in each work area as needed. This consists of containers of one gallon or less. Containers are properly labeled and kept closed except when waste is added or removed. The satellite waste containers are collected daily and taken to the waste accumulation are where the waste is drummed and prepared for shipment.
The waste accumulation building has been relocated from 3117 Research Drive to 3048 Research Drive. The building has secondary containment, is built of fire resistant material and is easily cleaned. The building is properly labeled and kept locked. Hazardous Waste stored in the building is properly labeled and dated.
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records. This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein. Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.
Person Interviewed (Signature) Date 2-3-03 Inspector (Signature) Page 4 of 41



Inspection Date	1-4-2002
Time Start	8:30 Am
Time Finish	1:30 PM

HAZARDOUS WASTE INSPECTION REPORT GENERATOR S Q GENERATOR

Company name	RE ANALYTICAL LABORATURIUS	I.D. Number PAD 98728396
Site Address30	48 RESEARCH DRIVE	STATE COLLEGE
County CENTRE	Municipality Ferguson	Tap Zip 16801
Name of Inspector $\underline{G_E}$	ORGE M. POLANSKY (570) 32-	7 - 3729
Name & Title of Respons	sible Official RICHARD GRAZZI	n1 , Pausiount
Person Interviewed $-\!$	JAN ZOLGHADR	Telephone (814) 231-8632
Mailing Address (if different	ent from above)	1" 1x 814 231-1580
Amount of Hazardous Wa	aste Generated per Month:	Pounds between 100 + 1000 Kgs
1. Site Characterizatio	n:	•
STORAGE: 🖾 Co	ntainer 🔲 Tanks 🔲 Containment Bldg.[Drip Pad Other
PBR:	utralization/WWTP Reclaim	Other
GENERATOR TREA	TMENT Containers Tanks	☐ Containment Bldg. ☐ Drip Pad
2. Universal Waste: [Large Quantity Handler 🗵 Small Qua	ntity Handler
Universal Waste	Types FLUGRESCENT LAMPS	
3. Hazardous Waste Ti	ransporters:	FA AH0027
Transporter Name	e EDWARD ARMSTRONG + Sons	License Number \$\int A0 0/4 286009
Transporter Name	e	License Number
Transporter Name	e	License Number
I. Types of hazardous	waste generated and destination facility (location & type).
Waste Code	Waste Description	Destination Facility
F003	WASTEFLAMMABLE LIQUID	MARISOL INC
F002	RANAZAROFUS SOLI DS	125 FACTORY LANG
0602	MASTU CORRUSIYE LIGUIO	MIDDLUSEY NJ 08846
		NSO 002 454544
		130 - 13/399
	<u> </u>	

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS**

Site Name (ENTRE ANALYTICAL LASS ID Number PAD 987 283 967 Date 2-4-2002

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
\boxtimes				Identification Number	262a.10	262.12	H002
\boxtimes				Authorized transporters only	262a.10	262.12(c)	H003
\boxtimes				Subsequent notification requirements met	262a.12(b)		H004
\boxtimes				Proper manifest used	262a.10	262.21	H005
\boxtimes				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	\times			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
\times				Spill reporting procedures followed	262a.10	262.34(d)	H017
\boxtimes				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
		+	+				
-		_	_				

2500-FM-LRWM0276b Rev. 5/99

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT**

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS**

Site Name CENTRE ANALYTICAL LABS ID Number PAD 987283 967 Date 2-4-2002

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined

4 - Non Compliance

STATUS

1 2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
X			CONTAINERS (Subchapter I)			
X			Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X			Containers of hazardous waste in good condition	265a.1	265.171	H026
\boxtimes			Containers and stored waste compatible	265a.1	265.172	H027
X			Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X			Containers managed to prevent leaks	265a.1	265.173(b)	H029
M			Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X			Container storage areas inspected at least weekly	265a.1	265.174	H031
X			Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X			Proper containment and collection systems in place	265a.179		H033
X_{\perp}			Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X			Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X			Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
			Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

INSPECTION REPORT COMMENTS

Date of Inspection 2/4/2002 Ide	ntification Number <u>PAD 987 283 39</u>
Company/Facility/Site Name Centre Analytical	Laboratories
Ontre Analylial Faboratories is Drive Ferguson Township Contre Country	Irented it 3048 Research
Drive Ferguson Township Contre Country	Pennsylvania
Contre Analytical Faboratories does	analysis of both agreeous and
soil samples / parameters requests	ed by person of authority
Contracting for the analysis.	7
In the process of analysis, of	Lungedous works are generated.
There are two seperale fullding	at this location; Building
I has two floors a let present building on	(1) is not being used by
analytical work and is not generating the	anundous Wusle,
Buildey two has three floors. Wo	nk areas are locatedon such
floor. Satellite accumulation ares are	it up in each contarea us
needed. The satellete accumulation consists	of containers of one gallon a
less. The we belief Hazardan waste tol-	the type of west &
Because of the nature of the work a	everal entitles may be sily t
orlect the different typesif waste.	
Continues are logal closed except w	hen work is being added a
Manufell 1	
The sattelet accumulation contains	is are collected doily and
The sattelite accumulation contains topen to the woods accumulation fulled for shipment.	is where the wale is drummed
for shipment,	·
The accumulation building is a wester	lesigned for write strugg
with secondary centacoment, fix resister	I material and easily cleaned!
This accumulative building is of 31	17 Research Prive . If
was sloved at this location began	ise it could more anily
neet the regulations for equitable was	Ile and the hyperdans
This inspection report is notice of the findings of an inspection conduct	ed by a representative of the Department. This report is
formal notification of any violations observed during the inspection. Addition	onal notification of violations may be issued concerning
either violations noted herein, or other violations identified as a result of review. This report does not constitute an order or other appealable action of	
leemed to grant or imply immunity from legal action for any violation noted he	erein.
Signature by the person interviewed does not necessarily imply con acknowledge that the person was shown the report or that a copy was left with	
Person interviewed (signature)	Date
nspector (signature) <u>Secret M. Sollinsky</u>	Date 2-4-2002
Paralad .	Page $\frac{4}{9}$ of $\frac{5}{9}$
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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

396

Date of Inspection	2-4-2002	Identification Number	PAD 98728
Company/Facility/Site Na	ame antre	Analytical Laborat	nes
wasto i	s outsile the	production (sample curtified + tra culmotion builded	ling areas coul
has less	trollies Only	authrised + tru	ened personnel
here aco	ces to the ac	constin builder	
Centra	Analy Tree Labo	rature on is prop ite Activity - Su	usind
Nothlisation a	of Henandous Was	ite Activity - Su	lose trat Vitiles
for this f	wility.		
	et a Rould de so.	I to my attention	ct:
	Dopartner & d Ens	conmented Resources	
	Buseus of Landol	ben-Pin & West Ma	new ment
	208 West This	L Street Scale 10	1
	hallen but Pa	177 01	
	" Cumpiter , "		
Review	della let	16 16	la West
the state of the s	f. TSO les	the letter of the	D . Or. A
di el i	1 180 i	ty under the 90 chays Small according gene	for a Heneraler
quell linder 1	a 100 Neys for a	Shall august gene	rall.
This inspection report is n	otice of the findings of an inspect	ion conducted by a representative of	the Department. This report i
_		ion. Additional notification of violat ult of review of laboratory analyses or	
		able action of the Department. Not	•
	ity from legal action for any violati interviewed, does not peressari	ion noted herein. ly imply concurrence with the find	loss on this renort but does
	shown the report or that a copy w		y) on any report, but does
	D : 7		711 ~~
erson interviewed (signat	(a) Company		7.4.02
spector (signature)	regor, Collenson	Date <u>2</u>	14/2002
	•	Recycled Paper	Page 5 of 5



Inspection Date	7-25-2001
Time Start	8i4SAK
Time Finish	2100/47

HAZARDOUS WASTE INSPECTION REPORT GENERATOR S Q GENERATOR

		1. 2. 20
Company name	ENTRE ANALYTICAL LAB.	OR ATORIES I.D. Number <u>PA 0 987 283 967</u>
Site Address <u>30 5</u>	18 RESTARCH DRIVE	STATE COLLEGE
County <u>CENTRE</u>	Municipality <u>ferc</u>	Susan Tout Zip 16801
		(570) 327-3729
Name & Title of Resp	onsible Official RICHARD GRA-	221 al, Parsinent
Person Interviewed _	BIJAN ZOLEHADR	Telephone (8/4) 23/-8032 FAY 8/4 23/-15
Mailing Address (if di	fferent from above)	FAY 874 231-15
Amount of Hazardous	Waste Generated per Month:	Pounds Setween 100+1000 Kgs
I. Site Characteriza	ation:	
STORAGE: 🛛	Container	nt Bldg. ☐ Drip Pad Other
PBR:	Neutralization/WWTP	Other
GENERATOR TR	REATMENT Containers Ta	anks
2. Universal Waste	: ☐ Large Quantity Handler ☑ Sr	mall Quantity Handler
Universal Wa	ste Types <u>flvorescent</u>	AMPS
3. Hazardous Wast	•	
Transporter N	ame Edward ARMSTRONG & S	Sow 5 License Number PA AH 6027
Transporter N	ame	License Number
Transporter N	ame	License Number
l. Types of hazard	ous waste generated and destination	facility (location & type).
Waste Code	• Waste Description	Destination Facility
· F003	RQ FLAMMABLE LIQUID	MARISOL INC
Feez		,
		N50002454544
		1030002 131311
	<u> </u>	
i		·

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CENTRE ANALYTICAL LABORATORIES ID Number PAD987283 967 Date 7-25-200/

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined 4 - Non Compliance

STATUS -

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met 26			H004
X				Proper manifest used	262a.10	262.21	H005
\boxtimes				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
\boxtimes				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
\boxtimes				Spill reporting procedures followed	262a.10	262.34(d)	H017
\boxtimes				PPC plan developed and implemented	262a.10	262.34(a)	H018
	M			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	\bigvee			Source reduction strategy prepared and available (LQG only)	262a.100	· ·	H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Course ANALYTICAL LABORATORIES ID Number PAD 987283967 Date 7-25-200/

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
X				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
\boxtimes				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
\boxtimes				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
\mathbb{X}				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
\boxtimes				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
\bigvee				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



INSPECTION REPORT COMMENTS

Date of Inspection $7 - 25 - 2001$ Identification Number $9000000000000000000000000000000000000$	
Company/Facility/Site Name CENTRE ANALYTICAL LABORATORIES	Inc
Centre analytical haborature his located at	3048
Research Drine, Ferguson Township, Cennsylvania.	
Centre analytical Laboratores. does analyis of	
agreeous and soil samples for parameters requested to	y the
Berson or the outhordy contracting for the analysis.	
Berson or the cuthody contracting for the analysis. In the process of analysis hayarlow waste is	generaled
There are two findelings at this location	
Building I have an appe level and loves leved.	The
are presently two sattlets accumulations acreas in buil	deng . Mre
correctly there we two units is building I that yenerde have	aslows worste.
In each unit there may be now then one tryph of hageslows we	
generated. In this case each unit will have a seperate sai	thelit
accumulation area.	
The satellite accumulation was use in the and	Iglical
work oneis where the work is being done. These sate	
areas consist of a container of a dallor of less that is best	in the
hooded with area. Container are labeled with the type.	1 ·
vaste that I centures & also hypersloss wrote. Containers of	ne
nept closed except when work is added a renoved!	
. The sattelile accumulation contains are collected a	
and when to the wash accumulation building locales	
at 3117 Research Drive, where the wash is drummed for ship	ment.
Prum here Start dele + are properly labeled , Enpty contain	es on
returned to the Satelette accumulation area of one nesus	uel.
This inspection report is notice of the findings of an inspection conducted by a representative of the Department notification of any violations observed during the inspection. Additional notification of violations may lither violations noted herein, or other violations identified as a result of review of laboratory analyses or Department. This report does not constitute an order or other appealable action of the Department. Nothing contained to grant or imply immunity from legal action for any violation noted herein. Signature by the person interviewed does not necessarily imply concurrence with the findings on the knowledge that the person was shown the report or that a copy was left with the person.	be issued concerni nt records. ined herein shall
erson interviewed (signature) Bijas Zlyhad Date 7-25	. 01
^/ /	5-2001



INSPECTION REPORT COMMENTS

Date of Inspection 7-25-2001 Identification Number	ND 78 / 20376
Company/Facility/Site Name Centre analyleal Laborato	ues hu
Bulding how (2) has three (3) flows 1	Vorh areas are
located on each floor. Satellile acceimal	Cahon cereas
are setup in each work area as needed.	The
satellet accumulation area consist of a contain	
or less. This is labeled with the type of waste of	ala Honercloses
Naste.	<u> </u>
Princeedure for enaling the containers is as	A Bulding
one. They are taken each day to the waste accumulate	a area
where they are released in enoughet drawn for shy	spriet of
where they are pleased in emphasist draws for sky site. The angely containers are reused:	
a review of the manifesta show that the	wasti
is removed well under the godays accumulation time	efna
deveraly of las less than the 180 days for a	anall
generals of far less than the 180 days for a	
he amount of waste demented at the Sac	lety is
Clown him last inspection; Blan Lothade Sch	to Muce T
proceedures for lessening the amount of the generalid cliepte an wirese in work lead:	andstud
proceedures for leasening the anount of Huyara	lous Whate
agneralid clippile and wirese in work load	<u> </u>
The waste accumulation area is a superate	building
with build in secondary contrament! Higgsday Wash	Containers on
act with west were deted and makery lifelded in	M. Heranlous
What lavel + also t whole centert of drum.	<u> </u>
Reception area has moved from building I to	bulding 2'
	. /
This inspection report is notice of the findings of an inspection conducted by a representative of	the Denartment. This report
formal notification of any violations observed during the inspection. Additional notification of viola	tions may be issued concerni
either violations noted herein, or other violations identified as a result of review of laboratory analyses of	Department records.
This report does not constitute an order or other appealable action of the Department. Not deemed to grant or imply immunity from legal action for any violation noted herein.	ing contained herein shall
Signature by the person interviewed does not necessarily imply concurrence with the find	ings on this report, but do
acknowledge that the person was shown the report or that a copy was left with the person.	
Person interviewed (signature) Biles ZIII de Date	7.27.01
	7-25-2001
in posterior in according	1- 45 2001

Pleasa refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

Sere is 3010 of Con and United States Environmental Protection Agency

Recovery Act).						
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)						
A. Initial Notification X B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number P A D 9 8 7 2 8 3 9 6 7 9					
II. Name of Installation (Include company and specific site name)						
CENTRE ANALYTICAL	LABORATORIES					
III. Location of Installation <i>(Physical address not P.O. Box or Route Numbe</i>	er(
Street						
3048 RESEARCH DRI	VE					
Street (Continued)						
City or Town	State Zip Code					
STATE COLLEGE	PA 16801-					
County Code County Name						
027 CENTRE						
IV. Installation Mailing Address (See instructions)						
Street or P.O. Box						
SAME AS ABOVE						
City or Town	State Zip Code					
V. Installation Contact (Person to be contacted regarding waste activities	at site)					
Name (Last) (First)						
GRAZZINI RIC	CHARD					
Job Title Phone N	umber (Area Code and Number)					
PRESIDENT	4-231-8032					
VI. Installation Contact Address (See instructions)						
A. Contact Address Location Mailing B. Street or P.O. Box						
Location maining 2.0.000						
X						
Location adding	State Zip Code					
X	State Zip Code —					
X	State Zip Code —					
City or Town	State Zip Code —					
City or Town VII. Ownership (See instructions)	State Zip Code					
City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner	State Zip Code —					
City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner SAME ASABOVE	State Zip Code —					
City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner SAME ASABOVE	State Zip Code State Zip Code					
City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner SAME AS ABOVE Street, P.O. Box, or Route Number						
City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner SAME AS ABOVE Street, P.O. Box, or Route Number	State Zip Code					

				ID - For Official	Use Only	
			:			
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)						
	A. Hazardous Wa	aste Activities		C. Used Oil Mar	nagement Activities	
	000kg/mo (2,200 lbs.) /mo (220-2,200 lbs.) kg/mo (220 lbs) icate Mode in boxes conly al purposes	installation required for instructions 4. Exempt Both Furnace a. Smelting, ing Furna b. Small Que Exemptio	Melting, and Refince Exemption antity On-Site Burner	Facility - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) a. Processor		
and the second s	B. Universal Wa	aste Activity		全型 · 图 · 图		
☐ Large Quantity Ha	ındler of Universal Was	ste		. 15a		
	azardous Wastes <i>(Use</i>		necessarv)			
	Wastes. (See 40 CFR			list more than 12 was	te codes.)	
[2	3	4	5	6	
FOOL	FOOZ	F003	F005			
7	8	9	10	11	12	
nonlisted hazardou to list more than 4 1. Ignitable 2. Corrosive (D001) (D002)	(D003) Characteristic	(List specific EPA haza	ardous waste number(s) fo	r the Toxicity Characterist	tic contaminant(s))	
	State-regulated or other					
1	2	3	4	5	6	
X. Certification						
l certify under penalty of a system designed to a the person or persons submitted is, to the be submitting false inform	of law that this document assure that qualified per who manage the syster st of my knowledge and nation, including the po	sonnel properly gathem, or those persons of belief, true, accurate ssibility of fine and in	er and evaluate the info directly responsible for e, and complete. I am a mprisonment for knowi	rmation submitted. Be gathering the informa ware that there are signg violations.	ased on my inquiry of ation, the information prificant penalties for	
Signature	an	Name and Office RICHARD	cial Title (Type or pri	int) PRESIDENT	Date Signed 03/02/2000	
XI. Comments						
					wing site audin	
Note: Mail completed f	form to the appropriate E	EPA Regional or State	e Office. (See Section	IV of the booklet for a	ddresses.)	

EPA Form 8700-23 (Rev. 12/99)

64/14/00

180

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-2 of 2. REMOVED TRANSP. STATU

waste codes.)



nspection Date	2-7-2000
Time Start	8:20 Am
Time Finish	2145 PM

HAZARDOUS WASTE INSPECTION REPORT GENERATOR S Q GENERATOR

Company name <u>CE</u>	TRE AMALYTICAL LABORITORIES	I.D. Number <u>PAO 98728396</u>
Site Address 3048	& RESEARCH DRIVE STATE L.	CLBEE
	Municipality FERGUSON TH	
Name of Inspector	SECRGE MI. POLANSKY (570)	327-3729
Name & Title of Respo	onsible Official RICHARD GRAZZINI, PRESID	DENT
Person Interviewed	RICK GRAZZINI	Telephone (814) 231 - 8032
	erent from above)	
Amount of Hazardous	Waste Generated per Month: F	Pounds over 60 less than 1000 Kgs
1. Site Characteriza	tion:	•
STORAGE: 🖾	Container 🔲 Tanks 🔲 Containment Bldg. 🔲 D	rip Pad Other
PBR:	Neutralization/WWTP	Other
GENERATOR TRE	EATMENT Containers Tanks	Containment Bldg.
2. Universal Waste:	☐ Large Quantity Handler ☐ Small Quantity	Handler
Universal Was	te Types FLUCKESCENT LAMPS	The state of the s
3. Hazardous Waste	•	•
Transporter Na	IME Edward ARMSTRONG + Sons	License Number PAAH 0027
Transporter Na	IME VAN WATERS GROTERS	License Number FAAH 0334
	ime	
4. Types of hazardo	us waste generated and destination facility (loca	tion & type).
Waste Code	Waste Description	Destination Facility
For3 Forz	ROWASTE FLAMMABLE SINGLO	MARISOL INC NAD002489 544
F002	RQ WASTE DICHLOROMOTHANS HYTURE	MIDALESCY, NS
D cc 8	Ra HAZARP OUS WASTE SOLID (6008)	VON ROLL AMERICA INC
		ELIVERPOOL, ON.

HAZARDOUS WASTE INSPECTION REPORT **GENERATORS -- SMALL QUANTITY GENERATORS**

Site Name CENTRE ANALYTICAL LABORATORIUSID Number 190987283 967 Date 2-7-2000

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
\boxtimes		L		Identification Number	262a.10	262.12	H002
\geq				Authorized transporters only	262a.10	262.12(c)	H003
\boxtimes				Subsequent notification requirements met	262a.12(b)	·	H004
\boxtimes			L	Proper manifest used	262a.10	262.21	H005
\boxtimes				Manifests filled out correctly and completely	262a.20		H006
\boxtimes				Manifests signed and routed properly	262a.23(a)	262.23	H 007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
\times				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
\boxtimes				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
\boxtimes				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
\times				PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100	,.	H020
X	1			Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
	\dashv	\dashv					
			T				

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name CENTRE AWALYTICAL LABORATORIUS ID Number PAD 987283 967 Date 2-7-2000

1 - No Violation Observed 2 - Not Applicable

3 - Not Determined

4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
\boxtimes				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
\boxtimes				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
\boxtimes				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
\boxtimes				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

INSPECTION REPORT COMMENTS

Date of Inspection	2-7-2000	Identification I	Number <u>PAD 987 283 9</u>
Company/Facility/Sit	e Name CEATRE	ANALYTICAL)	ABORITORIES
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Con	tre analytical habe	utace, Over anal	your of both aqueous in
apil supples	la paraneters o	excepted by sison	or authority contincting for
the analysis	In the analysis	I the sample	Lunarlows woole is
generated.	7		·
Rev	are two buildings a	of the location.	in authority contracting for hunarlows wools is
ha Satellite cro	cumulation were it	hob 104 and Lak	105 on first floor and
the extraction.	lot on the lover le	el floor. The sa	ttellet accumulation are
are under hood	in the babs and are	I gallen container	a smaller. Rese contains
			ste, The sattele contains
are emptied ea	chday in the waste	containes in the O	Remical Wash Storago area
in the lower	level if hulding o	ne i	
Burlele	of CAL Two her	satellite accum	reclation areas in the
hood areas of	Lab A307 and A308	3 Thuid floor. L	who A209 and hab A.
Decend floor	and hab A (11) La	balls and lab	Alol of the first
			under hoveds and
			L. hyardons waste
The containers	are emptyed o	nch day with chr	ums a the waste
strage area	A loc on the first	loo of Sulding	him
Drums	in the wast stora	to areas are label	ed and meshed with
the accumus	lation detti		2 00
Clerren -	I manifest enducides		removed usually
04 4	and is well under	the 180 days for	mall quanty
Generator :			
			ncative of the Department. This report n of violations may be issued concerni
er violations noted nersin,	or other violations identified as a n	isuit of review of laboratory a	nalyses or Department records.
	institute an order or other appeal unity from legal action for any viola		ent. Nothing contained herein shall
			the findings on this report, but do
nowledge that the person i	vas snown the report or that a copy	was left with the person.	
son interviewed (sign	ature)		Date
pector (signature)	Lendo M. Vellingh		Date 2-7-2000
	7		
	·	Recycled Paper	Page <u>4</u> of <u>5</u>

INSPECTION REPORT COMMENTS

Date of Inspection 2-7-	2000	Identification Num	ber <u> 111 987 283 90</u>
Company/Facility/Site Name	<i>(</i>)	Cytical Laboratores	
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at 3117 Research D	neve, This well	is opening was	work how the
present farility and be	up the hungered	ous waste below	- 1000 by /mv.
This should be	monitored by	Centre anarolicas	haberalises as that
notification of change is	statis ever.	be made if set	dod .
P2E2 - F. Lunese	ent James how	heen added to	the list Universal works
Spent flaurence I lang			
managed under the is	neveral waste	rule. Using a try	us of lamp that
is not hayardous as a	waste would s	lemente pluraiscent	lamps and the
Problems is hadling the	en when they I	evene weste:	·
. 0	- O		
This inspection report is notice of the	findings at an inspection	conducted by a regressorative	e of the Department. This report
mal notification of any violations poserv	ed during the inspection	. Additional notification of a	nolations may be issued concerni
per violations noted herein, prother violat This report does not constitute an oi			
emed to grant or imply immunity from legi Signature by the person interviewed			findings on this report, but do
cnowledge that the person was shown the			
rson interviewed (signature)	hard ogerun-	Date	7-FB-00
spector (signature)	M. Collenshi	Date	2-7-2000
		-	
	,a	ecycled Paper	23ge <u>5</u> of <u>5</u>

UNIVERSE MAINTENANCE FORM

1. EPA ID N	IUMBER	PAD98	7283967						
2. FACILITY NAME CENTRE Analytical Labs									
3. NOTIFICATION DATE 2/07/00 4. SOURCE (circle one): N ASE									
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6. RCRA REGULATORY STATUS (circle one)	7. STATUS DESCRIPTION (circle one)						
GENERATOR (Current Status) I LOG 2 SQG 3 CESQG 4 Other	SQG SQG CESQG N Not a generator, verified Blank Unverified	R RCRA Regulated P Pending A Regulated under another ID Number N Not RCRA Regulated (closed	I Conditionally Exempt Small Quantity Generator Definitionally excluded waste d, 3 Delisted wastes 4 One-time generator 5 Periodic generator 6 No longer generating hazardous waste, still in business 7* No longer generating hazardous waste, no longer in business 8* Never generated hazardous waste 9 ID number to transport non- hazardous waste 10 Regulated under another ID number (*most commonly used)						
STATUS CHANGE	DETERMINED BY:								
Inspection I	Report	Revi	sed Notification						
Revised No	tification from the Facility	EPA	Clean Closure Certificate						
State Docur	mentation Certifying Clean (ClosureAffid	lavit from the Facility						
Affidavit fro	om the State	Bieni	nial Report						
Documenta	tion not Required	Othe	r (explain below)						

EPA/BAH Use Only
Date to Data Entry____
Batch Number___
Date QA'd____



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAD987283967

12/03/99

CENTRE ANALYTICAL LABS 3048 RESEARCH DR STATE COLLEGE, PA 16801 RICHARD GRAZZINI PRESIDENT

INSTALLATION ADDRESS

3048 RESEARCH DR STATE COLLEGE, PA 16801

EPA Form 8700-12A (1/98)

Please refer to the Instructions for Pilling Notification before completing this form. The Information requested here is required by law (Section 2010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

and	Place	****	Act).								Unite	ed St	ates	Envir	onme	ntal l	Protec	tion	Agen	су				c-,				- 1	279	
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VII.	Own	ersh	ip (S	ee li	nstru	ction	15)						i														!			
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	1		I —		1	1	_						D				0		Yes			1	lo .					1		

EPA Form \$700-12 (Rev. 11-30-93) Previous edition is obsolete.

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxe)	s; Refer to Instructions)
A. Hazardous Waste Activity	B. Used Oil Recycling Activit
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) A. Hazardois Waste F. a. Generator Market b. Other Marketers. c. Boller and/or industrial fundicate Type of Device(s) 1. Air 2. Rail 3. Highway Poliphic To - Politic, 300 4. Water 5. Other - specify 3. Industrial Fundicate Issue Stores. Installation installation installation installation installation installation installation. Note: required for this instructions. 4. Hazardois Waste F. a. Generator Market S. Boller and/or industrial fundicate Type of Device(s) 1. Utility Boller 2. Industrial Fundicate Issue S. Other - specify	a. Marketer Directs Shipment of Dil to Off-Specification Burne Dil to Off-Specification Burne b. Marketer Who First Claims the Dil Meets the Specifications 2 Used Oil Burner - Indicate Typ Combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Boller c. Industrial Furnace 3 Used Oil Transporter - Indicate Tof Activity(les) a. Transfer Facility 4 Used Oil Processor/Re-refiner - In Type(s) of Activity(les)
5. Underground injecti	
IX. Description of Hazardous Wastes (Use additional sheets if necessar	
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' In the b	boxes corresponding to the characteristics of
nonlisted hazardous wastes your installation handles; See 40 CFR Parts	261.20 - 261.24)
l. Ignitable 2. Corrosive 2. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List specific EPA to	azzardous waste number(s) for the Toxicity characteristic contamin
X X X DOO	8 0009
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions II	f you need to list more than 12 waste codes.)
8 9 3	4 5 6 0 5 11 12 12 12 12 12 12 12 12 12 12 12 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D.	. number; See instructions.) 4 5 6
X. Certification	
I certify under penalty of law that this document and all attachments were pre- system designed to assure that qualified personnel properly gather and evaluate or persons who manage the system, or those persons directly responsible for best of my knowledge and belief, true, accurate, and complete. I am aware that to including the possibility of fine and imprisonment for knowing violations.	e the information submitted. Based on my inquiry of the p gathering the information, the information submitted is,
Signature Name and Official Title RICHARD A. GRAZZ	Date Signed UNI, PRESIDENT 11- NOV-99
XI. Comments	
TRANSPORT (VIII. A. 2.9) IS PORTAL TO PONTUL,	
SECOND SITE (3117 REPEALLY DR.), USING 4 DEAD	

* ER-WM-312: Rev. 1193

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site	I.D.		PH	D987283967	Telephone # (814) 23	31-8032	-
Site	Nan	ne _		entre Analytical Xab	Operator Name Mike A	Primard	
Add	ress	_	30	48 Research Dr.	Address 1065 Crabas	bble D.	
	_	ta	te	College Pa 16801	State College Re	1680)	
Mur	nicip	ality	y	Fer auson Trup	County Center		
Resp	oons	ible	Off	icial Richard Grandeni	Title Lin. of Ma	sketina	
•	on l				Title		
Insp	ecto	or <u> </u>		Bernie Resaschick	Time 1000 - 1200	T=	5
	Oue !	Date	• —	Inspection Date Inspection Type 23 Warch 95	Facility Type Inspecto		ation
Are	haza	ardo	us v	vastes transported off-site by this generator?	Yes No		
lf no	ot, lie	cens	e ni	umber(s) and expiration dates of transporter(s)):		
			1-1	No Violation Observed 2-Not-Applicable	3-Not-Determined 4-Non-Co	ompliance	
1	STA	TUS	1 4	REQUIREMEN	ΙT	CHAPTER CITATION	LINE
V	-			Amount of wastes generated per month is willimits	thin small quantity generator	261.5(a)	H130
V	-			Amount of waste accumulated is within smal	I quantity generator limits	261.5(d)	H131
V				Hazardous waste determination (262.11)		261.5(g)(1)	H132
V				Records of quantities, descriptions and dispositive years and furnished to the Department u		262.11(d)	H133
V				Storage within time limit specified (261.5(d))		261.5(g)(2)	H134
V				Manifest system used for off-site transport		262.20(a)	H135
261.	5 In	dica	te b	pelow the method of handling of the waste:			
		<u>-</u>	a	. Treatment or disposal at permitted on-site f	acility.		
				Permit Number	Treatr	ment D	isposal
			b	. Delivered to a PA haz. waste facility. Name	of facility:		
	_		C.	Delivered to a PA municipal or residual facil	lity with Form S approval. Name	of facility.	
		<u>_</u>	d	Delivered to an approved out-of-state facili		lidd Cood	
	_		e.	Delivered to a reclamation, reuse, or recycle			0884
							•

fg /of 3

Components of Pennsylvenia Department of Environmental Resources Surges of Waste Management

Inspection Report Comments

Date of Inspection	23	March 95		Identification Number	PAI	987283967
Company/Facility/Site N	ame	Center	An	ralytical	Lab	
On the	237	1 March	1995	- I condu	cted a	a Sallow-up
inspection	04	The above	ma	med faci	lite	I sound
mo violat	iono.	The Lac	lete	more ships	almost	all wante
of as has	endan	. The	non	uis chilar	avine 1	m tas
Deilden	z a	new lab	ne	at to its o	Jurent	- Socation
to do	FIR	FFRA" U	vork	-		
	-					

its corresponding ob- tion report as a refe This inspection of Waste Manageme tion report shall sen- be discovered upon- tion may be forthed This report does deemed to grant or Signature by th	oligation au prence to comment, inspect per a forma examinati pring, con a not cons imply imm e person i	a described in the bod obtain a detailed descrifficial notification the cred the above installa- in notification of any vi- ion of the results of la- nceming any violation titute an order or othe nunity from legal acti- interviewed does not	ly of the re cription of at a represe ation. The riolations of aboratory of is indicate ar appeala- ion for an onecessaria	egulations. Please use the compliance requirement antistive of the Departm findings of this inspects which were observed du analyses and review of la de herein and listing any ble action of the Depart y violation noted herein	ne Chapter cita nts. ent of Environ ion are shown uring the inspe Department re r additional vic tment. Nothin ith the finding	ride only a brief version of ations listed on this inspec- nmental Resources. Bureau in this report. This inspec- action. Violations may also accords. Additional notifica- iolations. If contained herein shall be as on this report, but does
Person Interviewed (signal	nurei <u> </u>	chai d Júnia	,	>	Date	23 MANUA 95
Inspector (signeture)					Date	05 M/2142

Preservations for Filling Nothication before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

official Use Only)

United States Environmental Protection Agency L installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number **B. Subsequent Notification** A. First Notification P|A|D|9|8|7|2|8|3 (Complete Item C) II. Name of Installation (Include company and specific site name) L A B O R A T O R I NTR AIN Ε III. Location of Installation (Physical address not P.O. Box or Route Number Street 30 8 Street (Continued) Zip Code City or Town State TA E 6 County Code **County Name** C E Ē N 7 IV. Installation Mailing Address (See Instructions) فيعتم للمراج مراي المالان Street or P.O. Box SAME State Zip Code City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) (First) GRAZZIN **b**: **D** RII ; C Job Title Phone Number (Area Code and Number) MARKETI 8:1 4-1231-8032 DIR 6 VL installation Contact Address (See Instructions) A. Contract Aggress B. Street or P.O. Box a Melling Diner; City or Town State Zip Code VIL Ownership (See Instructions) A. Name of installation's Legal Owner SAME Street, P.O. Box, of Route Number City or Town State Zip Code D. Change of Owner Indicator (Date Changed) C. Owner Type B. Land Type Phone Number (Area Code and Number) Month Dev Yes

'.a. 'X

	Waste Activity (Mai	rk 'X' in the appropriate	: boxes; Refer to instr	ructions)	
	A. Hazardous Wa	aste Activity		B. Used Oil I	Recycling Activitie
1. Generator (See Instra. Greater than 1000 b. 100 to 1000 kg/mc c. Less than 100 kg/ 2. Transporter (Indicat below) a. For own waste on b. For commercial p Mode of Transportation 1. Air 2. Rali 3. Highway 4. Water 5. Other - specify	o (2,200 lbs.) o (200-2,200 lbs.) mo (220 lbs) e Mode in boxes 1-5 sly surposes	Installation) required for instructions. 4. Hazardous W. a. Generator II b. Other Mark c. Boilerand/o 1. Smelter 2. Small C indicate Typ Device(s) 1. Utility II 2. Industr J. Sindustr Underground	Marketing to Burner eters or Industrial Furnace r Deferral Quantity Exemption be of Combustion Boller ial Boller ial Furnace I Injection Control	Oil to Off-S b. Marketer W Oil Meets the Combustion D a. Utility Bolist b. Industrial F c. Industrial F 3. Used Oil Transof Activity(les) a. Transporte b. Transfer Fa	rects Shipment of U pecification Burner ho First Claims the I ne Specifications her - Indicate Type(evice(s) or coller umace sporter - Indicate Ty necility essor/Re-refiner - Indicate
X. Description of Haza	rdous Wastes (Use	additional sheets if ne	cessary)	Tellegary XIII .	
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C. Other Wastes. (State		3		5	6
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ID - For Official Use Only

A. Description of Regulated Wastes (Additional Sheet)

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Centre Analytical Laboratories, Inc.

3048 Research Drive Phone: (814) 231-8032 State College, PA 16801 Facsimile: (814) 231-1253

253 Trk Pisandik

File cc: E

June 8, 1994

Bernie Pisarchik PA DER BWM 200 Pine St Williamsport PA 17701

Bernie,

Enclosed find our revised <u>Notification of Regulated Waste Activity</u> form. During our exit interview last week, you requested that I send this directly to you so that your office had a copy, and that you would forward it to the EPA.

In completing IX.B., I listed the F-listed wastes we dispose of (the solvent mixtures) and the U-listed products which we use (and which may spill and thus generate a U-listed waste). I completed this section after a phone conversation with Tim Kirkland.

If you need further information, please call.

Cordially,

Ri¢k Grązzini

encl.: completed EPA 8700-12



ER-WM-53: Rev. 7/93

Pennsylvania Department of Environmental Resources Bureau of Waste Management

SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

۱.	Installation's EPA I.D. Number PAD987283967
II.	Name of Installation CENTRE ANALYTICAL LABORATORIES
III.	Location of Installation STATE COUESE CENTRE
	Municipality (Township, Borough, City) County
IV.	IRS Employer Identification Number 25 — 1529166
٧.	SIC Codes (four-digit number in order of priority)
	8934 Specify: Specify:
	Specify: Specify:
VI.	Type of Hazardous Waste Activity
	 ☐ 1. Generator ☐ 6. Reuse, Recycle, Reclaim ☐ 7. Permit by Rule ☐ 3. Treatment ☐ 4. Storage ☐ a. Waste H₂O Treatment Elementary Neutralization ☐ b. Reclamation (see Instructions)
VII.	. Existing Environmental Permits
	A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)
	B. UIC (Underground Injection of Fluids) E. Municipal Waste (As defined in Act 97)
	C. RCRA (Hazardous Waste) F. Residual Waste
	G. Permit by Rule Name of POTW
	POTW NPDES Number
	H. Other

Instructions

INSTRUCTIONS FOR SUPPLEMENT TO US EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA FORM 8700-12).

Pennsylvania may have requirements that vary from the Federal regulations. It is your responsibility to comply with all regulations that apply to you. For more information on Pennsylvania's requirements, you are strongly urged to contact the Department at 717-787-6239.

The Notification Form should be sent to: Pennsylvania Department of Environmental Resources, Bureau of Waste Management, P.O. Box 8471, Harrisburg, PA 17105-8471.

Item 1 - Installation's EPA ID Number

Enter the EPA Identification Number for your facility. If you do not have an EPA Identification Number, please contact U.S. EPA Region III at 215-597-1230.

Item II - Name

Enter the legal name of the installation.

Item III - Location of Installation

Enter the municipality and county information if the physical facility location is within Pennsylvania. A municipality is the city, borough, or township within which the installation is physically located.

Item IV - IRS Employer Identification Number

Enter the Employer Identification Number assigned b the Internal Revenue Service. If you are not required to have a number enter "N/A".

Item V - SIC Codes

List, in descending order of significance, the four-digit Standard Industrial Classification (SIC) Codes which pest describe your activity in terms of the principal products or services you produce or provide. Also specify each classification in words. these classifications may differ from the SIC Codes describing the operation generating the hazardous wastes.

SIC Code number are descriptions which may be found in the Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.

Item Vi - Type of Hazardous Waste Activity

1. Treater, L. Storer, 3. Disposer

If you treat, store, or dispose of regulated hazardous waste, mark an "X" in the appropriate box. If you check one or more of these boxes, you are reminded that you should request a permit application.

4. Reuse, Recycle, Reciaim

If you reuse, recycle, reclaim nazardous waste, mark an "X" in this box. Attach a detailed description of your recycling activities to support your claim. Refer to the Department's regulations for requirements which may be more stringent than the Federal. Call the Department at 717-787-6239 if you have any questions.

5. Permit by Rule

If you request or claim Permit by Rule mark an "X" in this box. Attach a description of your system and other available information in support of your request.

Item VII - Existing Environmental Permits

Enter the permit number for each Federal or State permit for your location. If you have filed an application but have not yet received a permit enter the number of the application, if any. If you have more than one permit under a particular permit program, list the additional permit numbers on a separate sheet of paper. If you checked Permit by Rule in Item VI and discharge to a publicly-owned treatment works (POTW), complete Item VII, G.

Pennsylvania Department of Environmental Resources Bureau of Waste Management



SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

ı.	Installation's EPA I.D. Number PAD 9 8 0 7 1 4 9 7 6
	Centre Engineering, Inc.
11.	Name of Installation
III.	Location of Installation Clearfield
	Elizabeth Street, Osceola Mills, PA 1666
	Municipality (Township, Borough, City) County
IV.	IRS Employer Identification Number 0 4 — 2 5 5 4 9 7 3
V.	SIC Codes (four-digit number in order of priority)
	3 6 7 5 Specify: Electronic Capacitors Specify:
	Specify:Specify:
VI.	Type of Hazardous Waste Activity
	 I. Generator □ 6. Reuse, Recycle, Reclaim □ 2. Small Quantity Generator □ 7. Permit by Rule
	3. Treatment
	 ☐ 4. Storage ☐ a. Waste H₂O Treatment Elementary Neutralization ☐ b. Reclamation (see Instructions)
VII	. Existing Environmental Permits
	A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources)
	B. UIC (Underground Injection of Fluids) E. Municipal Waste (As defined in Act 97)
	C. RCRA (Hazardous Waste) F. Residual Waste
	G. Permit by Rule Name of POTW
	POTW NPDES Number
	H. Other

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

IN THE MATTER OF:

Centre Analytical Laboratories, Inc.

Improper Disposal ofHazardous Waste

Ferguson Township Centre County

:

CONSENT ASSESSMENT OF CIVIL PENALTY

NOW, this 18 day of November, 1994, the Commonwealth of Pennsylvania, Department of Environmental Resources ("Department"), has determined the following findings of fact:

- A. The Department is the agency with the duty and authority to administer and enforce the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, <u>as amended</u>, 35 P.S. §6018.101 <u>et seq.</u> ("SWMA"), and the rules and regulations of the Environmental Quality Board adopted thereunder.
- B. Centre Analytical Laboratories, Inc. (hereinafter "CAL") is a Pennsylvania based corporation that operates an analytical laboratory in State College, Pennsylvania with a mailing address of 3048 Research Drive, State College, PA 16801 (hereinafter "lab").
- C. In the course of doing business, CAL generates hazardous waste at the lab and is identified by EPA ID# PAD987283967.
- D. The Department determined, and CAL agrees, that CAL caused or allowed the following violations on June 2, 1994:
 - 1. In response to a complaint, the Department conducted an investigation of CAL on June 2, 1994. During that time, the Department observed that CAL had improperly disposed of a small amount of hazardous waste in the municipal waste dumpster. Specifically, sample numbers 2438030 and 2438031 were hazardous for flashpoint. Accordingly, CAL violated the provisions of §§401(a) and 403(b)(9) of the SWMA, 35 P.S. §§6018.401(a) and 6018.403(b)(9).
- E. The violations described in Paragraph D, above, constitute unlawful conduct and a public nuisance pursuant to §§610 and 601 of the SWMA, 35 P.S. §§6018.610 and 6018.601.
- F. Section 605 of the SWMA, <u>supra</u>, 35 P.S. §6018.605 provides that the Department may assess a civil penalty of up to TWENTY FIVE THOUSAND DOLLARS (\$25,000.00) per day for each violation of the Solid Waste Management Act.
- G. After complete negotiations in the matter between the parties hereto, the Department and CAL agree to a settlement of the Department's claims for civil penalties for the violations identified in Paragraphs D and E, herein, as follows:
 - 1. Pursuant to the Department's authority under Section 605 of the SWMA, <u>supra</u>, 35 P.S. §6018.605, a Civil Penalty in the amount of SIX THOUSAND ONE HUNDRED AND FIFTY DOLLARS

(\$6,150.00), \$5,150.00 of which is a portion of the costs incurred by the Department, is hereby assessed against and agreed to by CAL. Payment of this Civil Penalty shall be made as follows: Submittal of a certified check or the like made payable to the "Commonwealth of Pennsylvania, Solid Waste Abatement Fund", and forwarded to:

Attention: Richard L. Bittle, Environmental Protection Manager
NORTHCENTRAL REGION
FIELD OPERATIONS - WASTE MANAGEMENT
200 Pine Street
Williamsport, Pennsylvania 17701-6510

- 2. CAL hereby consents to this Civil Penalty Assessment issued pursuant to Section 605 of the SWMA, supra, 35 P.S. §6018.605 and waives its right to appeal from this Assessment which rights are available pursuant to Section 4 of the Environmental Hearing Board Act, the Act of July 13, 1988, P.L. 530, 35 P.S. §7514, the Administrative Agency Law, the Act of June 4, 1945, P.L. 1388, as amended, 2 Pa. C.S. §103(a) and Chapters 5A and 7A.
- H. By entering into this Consent Assessment of Civil Penalties, the Department only waives its right to bring an action for civil penalties for the specific violations set forth in Paragraphs D and E, herein, for the dates set forth therein. Nothing herein shall be construed to imply that the Department waives any other rights which it may have concerning said violations or relieves CAL from any future liability for environmental damages resulting from the activities described herein.

FOR CENTRE ANALYTICAL LABORATORIES, INC:

The undersigned states, subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authority, that he/she is authorized to execute this Agreement on behalf of CAL.

Mill agrid	11/14/54
Name	Date
Michael Arjmand	
President	
Title	
Datas Che	11/14/94
Name	Date
Dayton Coles	
Secretary	
Title	

FOR THE DEPARTMENT OF ENVIRONMENTAL RESOURCES	. //
Lukaul L Litt	-11/18/94
Richard L. Bittle	Date
Regional Environmental Protection	
Manager	

APPROVED AS TO FORM AND LEGALITY:

Attorney for the Commonwealth Date

Ek-WM-312: Rev. 1193

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.C) .	1	$\mathcal{P}_{\mathcal{A}}$	D 987283967 Tele	ephone # (814) 2	3/-8032	2_
Site Na	am	e _	_(entre Amalutico Lab ope	erator Name Mike	Grimano	
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Du	e C	ate	· —	Inspection Date Inspection Type Fa	acility Type Inspector)	ntion
Are ha	za	irdo	us v	vastes transported off-site by this generator?	Yes No		
If not,	lic	ens	e nu	mber(s) and expiration dates of transporter(s):	PAD014286009)	
			1-1	No Violation Observed 2-Not-Applicable 3-Not-Applicable 2-Not-Applicable 3-Not-Applicable 2-Not-Applicable 2-Not-Applicable 3-Not-Applicable 3-Not-Applicable 2-Not-Applicable 3-Not-Applicable 3	ot-Determined 4-Non-Co	mpliance	
SI	ΓA	TUS		DECUMPAGE		CHAPTER	LINE
1 3	2	3	4	REQUIREMENT		CITATION	ITEM
V	,			Amount of wastes generated per month is within limits	small quantity generator	261.5(a)	Н130
V				Amount of waste accumulated is within small qua	ntity generator limits	261.5(d)	H131
V				Hazardous waste determination (262.11)		261.5(g)(1)	H132
				Records of quantities, descriptions and disposition five years and furnished to the Department upon r		262.11(d)	H133
V	7			Storage within time limit specified (261.5(d))		261.5(g)(2)	H134
			1	Manifest system used for off-site transport		262.20(a)	H135
261.5	In	dica	te b	elow the method of handling of the waste:		-	
			a.	Treatment or disposal at permitted on-site facilit	ty.		
				Permit Number	Treatm	ent Di	sposal
	_		b	Delivered to a PA haz. waste facility. Name of fa	ocility:		
			c. /	Delivered to a PA municipal or residual facility w	rith Form S approval. Name o	of facility.	
	_	_	d.	Delivered to an approved out-of-state facility. N	lame of facility. Man	isol Imc 8846	2.
			. е.	Delivered to a reclamation, reuse, or recycle facil	lity. Name of facility:		

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Inspection Report Comments

Data of Impossion	There al	Oldantificacion (Dombos	PAD 987283967
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In the "Requirement its corresponding obligation report as a reference This inspection report of Waste Management, tion report shall serve a be discovered upon exaction may be forthcoming This report does not deemed to grant or impulsional signature by the period of the serve of the period of the serve	et" Section of this inspection reportion as described in the body of the ce to obtain a detailed description and is official notification that a reprint is official notification that a reprint inspected the above installation. If formal notification of any violation mination of the results of laboratory, concerning any violations indict constitute an order or other appears in interviewed does not necess	ort, each listed inspection or regulations. Please use the of compliance requirements and the Department of the Department which were observed dury analyses and review of ated herein and listing any violation noted herein any violation noted herein anity imply concurrence we	item may provide only a binef version of the Chapter citations listed on this inspec- ints. ment of Environmental Resources. Bureau ion are shown in this report. This inspec- uring the inspection. Violations may also Department records. Additional notifica- by additional violations. Itment. Nothing contained herein shall be a citation on this report, but does the contained on the contained of the citations.
acknowledge that the p	erson was shown the report or th	het e copy was left with t	ne person.
Person Interviewed (signature)	Milhard Cyrrini		Data 2 Junt 94
Inspector (signeture)	630		Date Flore G4 Prop 2 11 3

ER-WM-129: Rev. 12/93

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Company Facility / Site Name (centre Analytical takes. 5. The following solvents are used: Hexame 1.1. It Trichology trainfluence there, Ethyl aceta, Mithylene Chloride. Acetana hetseleum ether, Kenter Acetanitaile and also Mitric Heid Sulfuria axid, HCP BBH, H3 FRONDE, Austric Acids & Na Oth. (a. 2 ml. GC avido when disposed an icrushed & air Caied winder a next hood then disposed in the glumbette. The liquid us collected and tentral, sent "he as his was a 7. Ag hom wils are being autoclaved either On-site a at hem State. 6. Generator about 1200 lke has worste much We (DER) will be contacted the has worste much CAL meeds to re motify ETA to charge status from Conditional Frencht to Small Quantity Generator.
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Conditional Renpt to Small Quantity Comments
This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is
ormal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning ither violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.
This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be leemed to grant or imply immunity from legal action for any violation noted herein.
Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does
cknowledge that the person was shown the report or that a copy was left with the person.
Person interviewed (signature) hickard Carrier Date 2 June 94
nspector (signature) Date Date 94
nspector (signature) Date Date 94 Page 3 of 3



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

200 Pine Street Williamsport, PA 17701-6510 October 17, 1994

Northcentral Regional Office

Mr. Richard Grazzini Centre Analytical Laboratories, Inc. 3048 Research Drive State College, PA 16801

Re: Improper Disposal of Hazardous Waste Centre Analytical Laboratories, Inc. EPA ID# PAD 987283967 Ferguson Township Centre County

NOTICE OF VIOLATION

Dear Mr. Grazzini:

In response to a complaint filed with our office, the Department conducted an investigation of your facility on June 2, 1994. During that time, the Department observed that Centre Analytical Laboratories was improperly disposing of hazardous waste in the municipal waste dumpster. Specifically, sample numbers 2438030 and 2438031 were hazardous for flashpoint. The regulations for which Centre Analytical Laboratories are in violation are as follows:

Act 97 §6018.401(a) No person or municipality shall store, transport, treat, or dispose of hazardous waste within this Commonwealth unless such storage, transportation, treatment, or disposal is authorized by the rules and regulations of the Department

Act 97 §6018.403(b)(9) It shall be unlawful for any person or municipality who generates, transports, stores, treats, or disposes of hazardous waste to fail to treat, store and dispose of all such waste in accordance with the rules and regulations of the department and permits, permit conditions and orders of the department.

Act 97 §6018.610(4) It shall be unlawful for any person or municipality to store, collect, transport, process, treat, beneficially use or dispose of, or assist in the storage, collection, transportation, processing, treatment, beneficial use or disposal of, solid waste contrary to the rules or regulations adopted under this act, or orders of the department, or any term or any condition of any permit, or in any manner as to create a public nuisance or to adversely affect the public health, safety and welfare.

Please find enclosed analyses for sample numbers 2438030 and 2438031. The remainder of the samples are being returned to our office and will be forwarded to you when we have received them. Our labs have indicated that sample number 2438030 is a lacquer thinner and sample number 2438031 was a thick gray paint. I hope to have the cost breakdown from our labs by the end of the week and will forward a copy as soon as I receive it.

In regard to the settlement offer proposed at the October 14, 1994, meeting, the Department requests that you respond within fourteen (14) days from the date of this letter as to your intentions.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of Law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at (717) 327-3431.

Sincerely,

James E. Miller

Jac Will

Environmental Protection Compliance

Specialist

enclosures

cc: Mr. Dunkleberger

EPA

Field

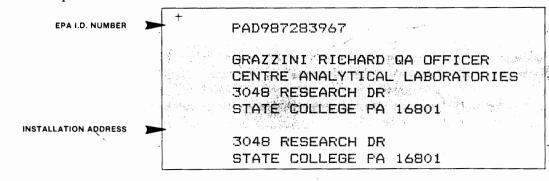
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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery 40). and Recovery Act).

Notification of Regulated Waste Activity United States Environmental Protection

(For Official Use Only)

AUG 720 1990

Date Received

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			ID - For Officia	USE ONLY
VIII. Type of Regulated Waste Activity	(Mark X in the appropriate i	oxes. Refer to I	nstructions.)	
A. Hazardous	s Waste Activity	e de la companya del companya de la companya del companya de la co	.B. Used Oil Fuel A	ctivities
	3. Treater, Storer, Disp Note: A permit is red this activity; see inst 4. Hazardous Waste Fi a. Generator Marke	puired for ructions. Jel eting to Burner e device(s) = stion Device ler Boller Furnace	b. Other Mark c. Burner in Type of Co 1. Utilit 2. Specification to	Marketing to Burner serer clicate device(s) - mbustion Device y Boller strial Boller strial Furnace
IX. Description of Regulated Wastes (I	Use additional sheets if neces	isary)		
A. Characteristics of Nonlisted Hazardous wastes your installation handles. (See 40 1. Ignitable 2. Corrosive 3. Reactive (D001). (D002) (D003) X B. Listed Hazardous Wastes. (See 40 CFR U 0 0 2 U 0 0 3 7 8 C. Other Wastes. (State or other wastes req	### CFR Parts 261.20 - 261.24) #### A EP Toxic D0000	nezardous waste no uneed to list more	umber(s) for the EP Tox	ic socitaminant(s)
I certification I certify under penalty of law that I had and all attached documents, and to obtaining the information, I believe that there are significant penalties imprisonment.	hat based on my inquiry of that the submitted information.	of those individution is true, acc	uals immediately in curate, and comple	responsible for etc. I am aware
Signature M. Midad Anymund	Name and Official Title (type M. Michael Arjmand		Date Signed 2 August	1990
XI. Comments				
Note: Mail completed form to the appropria	nte EPA Regional or State Office.	(See Section III o	f the booklet for addre	mor)